

**IDAHO STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS
BUREAU OF OCCUPATIONAL LICENSES
700 WEST STATE STREET, PO BOX 83720
Boise, Idaho 83720-0063**

NURSING HOME ADMINISTRATOR-IN-TRAINING PROGRAM

PRECEPTOR AGREEMENT

Administrator-In-Training Name _____

Employing Facility _____

Facility Address _____
Street/PO Box City State Zip

Section 54-1610, Idaho Code. "Every applicant for a Nursing Home Administrator license who shall have otherwise qualified under provisions of section 54-1605 shall serve for a one (1) year period under the supervision of a duly licensed and registered Nursing Home Administrator in accordance with the rules of the Board. At the expiration of the one-year-in training period, said applicant shall be eligible to take the examination."

Rule 400.05. Preceptor Certification.

a. A nursing home administrator who serves as a preceptor for a nursing home administrator-in- training must be certified by the Board of Examiners of Nursing Home Administrators. The Board will certify the Idaho licensed nursing home administrator to be a preceptor who:

- i. Is currently practicing as a nursing home administrator and who has practiced a minimum of two (2) consecutive years as a nursing home administrator; and
- ii. Who successfully completes a six (6) clock hour preceptor orientation course approved by the Board.

b. The orientation course will cover the philosophy, requirements and practical application of the nursing home administrator-in-training program and a review of the six (6) phases of nursing home administration as outlined in Subsection 400.03.

Preceptor _____ License # NHA- _____

Address _____
Street/PO Box City State Zip

PRECEPTOR AFFIDAVIT

I hereby swear or affirm that I have read and will comply with the laws and rules governing the Administrator-In-Training program in Idaho and that I agree to serve as preceptor for the above named Administrator-In-Training applicant.

Signature of Preceptor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____