IDAHO STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063

APPLICATION FOR PRECEPTOR REGISTRATION
(There is no fee for registering as a preceptor with the Board)

PRECEPTOR REGISTRATION

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.

I hereby make application to register as a preceptor, and I understand that my name, address, and phone number will be added to a list of preceptors that is public record.

1. Full Name (Mr., Mrs., or Ms.)_____

2. Address of Record _____
(This is public record) Street City State Zip

3. Business phone (____)_____
(This number is public record)

4. Have you completed the required preceptor certification course? ☐ **Yes** ☐ **No**
(If so, please attach the certificate of completion)

AFFADAVIT

I hereby certify under penalty of perjury that I hold a current and unrestricted license as a nursing home administrator and that I have completed the education requirements to be a preceptor. I have read and will comply with the Idaho Board's laws and rules.

_____ _____
Applicant Name (please print) License #

_____
Applicant Signature

_____
Mailing Address Street City State Zip

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

(seal) _____
Notary Public official signature
My commission expires _____