

IDAHO BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: nha@dopl.idaho.gov

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 thousand (1,000) hours 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 thousand (1,000) hour training period, the 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 _____