



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TN 37243**

**Local (Nashville Calling Area) 615-741-3807
Nationwide (toll free) 1-800-778-4123, ext. 741-3807**

**INSTRUCTIONS
PRECEPTOR APPLICATION
TENNESSEE BOARD OF
NURSING HOME ADMINISTRATORS**

1. Complete and have notarized the Application for Preceptor.
2. Complete and have notarized the Application for Administrator in Training Facility.

SEND THE TWO APPLICATIONS LISTED ABOVE WITH THE FOLLOWING TO THE BOARD'S ADMINISTRATIVE OFFICE.

3. Copy of the certificate awarded at the completion of the twelve (12) hour Board approved Preceptor Training and Orientation Course required to become a Preceptor.
4. Copy of most recent survey and plan of correction at facility described in the Application for Administrator in Training Facility.

ALL INFORMATION LISTED ABOVE MUST BE RECEIVED IN THE BOARD'S ADMINISTRATIVE OFFICE NO LATER THAN THE 15TH OF THE MONTH PRECEDING THE MEETING DATE. ANY APPLICATIONS NOT RECEIVED DURING THIS TIME FRAME WILL BE HELD OVER TO THE NEXT BOARD MEETING FOR REVIEW.

SEND ALL INFORMATION TO:

Board of Nursing Home Administrators
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

CRITERIA FOR A PRECEPTOR

1. Valid licensure and full-time practice as a nursing home administrator for three (3) of the five (5) years immediately preceding application, the final year of practice must have been in Tennessee; or

Give license history for qualifying period: _____

2. Valid licensure as a nursing home administrator and employment as an assistant administrator with at least six (6) years of full-time experience in licensed nursing homes in the ten (10) years immediately preceding application.

Give license history for qualifying period: _____

3. Successful completion of seventy-two (72) semester hours or its equivalent of college credit. Each one (1) year of full-time experience obtained beyond the three (3) or six (6) year qualifying time period may be substituted for twenty-four (24) semester hours of college credit.

Give educational history for qualifying: _____

4. Successful completion of a twelve (12) hour Board approved Preceptor Training and Orientation Course. The course must have been completed within the twelve (12) months immediately preceding certification. These hours may be applied to the annual C.E. requirement.

Give date and location of Board Approved Course successfully completed.

5. Have no formal disciplinary actions taken against the applicant's license within the ten (10) years immediately preceding application which the Board deems to be of such a nature as to prevent the applicant from providing services as a Preceptor.

I have () have not () had disciplinary convictions during the past ten (10) years. If have had disciplinary convictions, please explain:

AUTHORIZE I hereby authorize release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

I, _____, the undersigned, who desire to qualify as a Preceptor in the State of Tennessee, hereby make an application to the Tennessee State Board of Examiners for Nursing Home Administrators. All facts, statements and answers contained in this application are true and correct. I have not omitted any information which might be of value to the Board in determining any qualifications and character, whether it is called for or not and I understand that any falsification, omission or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future certification given by the Tennessee State Board of Examiners for Nursing Home Administrators for Preceptors.

Signature of Applicant

Date

Date _____

County of _____

State of _____

Sworn to and subscribed before me by the above this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

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Tennessee Board of Examiners for
Nursing Home Administrators

APPLICATION
ADMINISTRATOR IN TRAINING FACILITY

The primary training of an Administrator-In-Training will take place in the Nursing Home of which the Preceptor is Administrator.

Name of Nursing Home: _____

Address: _____

Street and Number

City, State, Zip

Telephone (Area Code and Number): _____

A. Date of latest licensure survey: _____

Attach a copy of the latest licensure survey and the plan of correction for any deficiencies.

B. The facility must have an organizational structure with clearly defined and staffed departments, each with a designated department head. Except for administration, the designated department head may not be the administrator.

DEPARTMENT

NAME OF DEPARTMENT HEAD

Administration:

Nursing:

Dietary:

Social Services
and Activities:

Medical Records:

Housekeeping,
Maintenance, Laundry:

Number of Beds:

AUTHORIZE I hereby authorize release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

I, _____, the Administrator of Home, hereby make application to the Tennessee State Board of Examiners for Nursing Home Administrators for approval of this Nursing Home as an Administrator-In-Training facility. All facts, statements and answers contained in this application are true and correct, to the best of my knowledge. I have not omitted any information which might be of value to the Board in determining the qualifications of this Nursing Home, whether it is called for or not, and I understand that any falsification, omission or withholding of information or facts concerning the home's qualifications shall be sufficient to bar it from this or any future certification given by the Tennessee State Board of Examiners for Nursing Home Administrators as an A.I.T. training site.

Signature of Administrator

Date

County of _____

State of _____

Sworn to and subscribed before me by the above this _____ day of _____, _____.

Notary Public

My Commission Expires: _____