



Nursing Facility Administrator Program
Nursing Facility Administrator Application
for Certification as a Preceptor

An applicant for a Nursing Facility Administrator (NFA) Certified Preceptor Certificate must meet the following qualifications:

- All applicants for preceptor approval must have an active license in good standing.
- An administrator must have at least five years experience as a nursing facility administrator, with the two most recent years in Texas, to obtain a preceptor approval certificate.
- Applicants must have attended the Texas Health and Human Services Commission (HHSC) Preceptor Seminar.

Applicant Information

1. Name (Last, First, Middle)		
2. Mailing Address (Street, P.O. Box, Rural, etc.)		Telephone No. ()
City	State	ZIP Code
3. Social Security No.	4. NFA License No.	
5. Date of Attendance at the HHSC Preceptor Seminar: (mm/dd/yyyy)		

Work History

Please provide employment history showing at least five years of experience as a nursing facility administrator, indicating the two most recent years in Texas. Use additional pages, if necessary.

Employment Settings

Name of Facility		Vendor ID: (if applicable)
Mailing Address: (Street, P.O. Box, Rural, etc.)		Telephone No. ()
City	State	ZIP Code
Employment Dates: (mm/dd/yyyy) From :		Years of Service:
		To:

Name of Facility		Vendor ID: (if applicable)
Mailing Address: (Street, P.O. Box, Rural, etc.)		Telephone No. ()
City	State	ZIP Code
Employment Dates: (mm/dd/yyyy) From :		Years of Service:
		To:

Nursing Facility Administrator Program

P.O. Box 149030
 Mail Code E-420
 Austin, Texas 78714-9030

credential@dads.state.tx.us

With a few exceptions, you have the right to request and be informed about the information that HHSC obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Long Term Care Nursing Facility Administrator Program at 512-438-2015.

Please Read Carefully

In making application to HHSC, I agree to abide by the Nursing Facility Administrator licensure rules relating to preceptor qualifications and responsibilities. I understand that:

- HHSC may refuse to renew a preceptor certificate or to approve preceptors for Administrators In Training (AIT) if a preceptor has failed to provide proper training to former AITs.
- HHSC may refuse to grant a preceptor's certificate if disciplinary action has been initiated against an administrator's license.
- HHSC must provide special permission for a preceptor to train more than two AITs.
- A certified preceptor shall be responsible for training the AIT. The preceptor must ensure that training is in compliance with Nursing Facility Administrator licensure rules and Texas Health and Safety Code, Chapter 242, Subchapter I.
- The certified preceptor must submit a written notification to HHSC upon cessation or completion of an internship. The written notification must be provided within 10 days of cessation of the training and shall include:
 - the name, license number, signature of the preceptor and the name of the AIT;
 - the reason for cessation;
 - the date of cessation of training; and
 - a statement indicating whether the preceptor and the AIT have complied with the requirements of the Nursing Facility Administrator licensure rules, in accordance with §241.3(c) (relating to application procedures).

A preceptor certificate will be issued to an applicant who meets all qualifications upon completion and return of this form.

Signature – Applicant

Date

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he or she has executed the same for the purposes and considerations therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20____.

Notary Public in and for _____ County, Texas, or _____.

Signature – Notary Public

**Place notary seal
or stamp here.**

Printed Name – Notary Public

Date Commission Expires