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 Department of Aging and Disability Services 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 Texas Department of Aging and Disability Services 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/yyyyy) From : To:		Years of Service:

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/yyyyy) From : To:		Years of Service:

Department of Aging and Disability Services
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 the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS 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 the Texas Department of Aging and Disability Services (DADS), I agree to abide by the DADS Nursing Facility Administrator licensure rules relating to preceptor qualifications and responsibilities. I understand that:

- DADS 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.
- DADS may refuse to grant a preceptor's certificate if disciplinary action has been initiated against an administrator's license.
- DADS 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 DADS Nursing Facility Administrator licensure rules and Texas Health and Safety Code, Chapter 242, Subchapter I.
- The certified preceptor must submit a written notification to DADS 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