STATE OF NEVADA
BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS
3157 North Rainbow Blvd., #313
Las Vegas, NV 89108
(702) 486-5445
FAX: (702) 486-5439
e-mail: beltca@beltca.nv.gov

Application for Accreditation of Continuing Education Units By Sponsoring Organization

Program Title: _____

Date: _____ Time: _____

Location: _____

Number of Contact Hours Requested: _____ Ethics _____ Regulations _____

Registration Fee: $_____

Please Check Intended Audience Below:

Nursing Home Administrator: _____

Residential Care Administrator: _____

Both: _____

Name of Person Submitting Application: _____

Agency Affiliation: _____

Address: _____

_____ Phone:_____

_____
City State Zip

E-mail Address: _____

CE Committee Use Only

Program Number: _____ Reviewers: _____ Date: _____

Approved: _____ Contact Hours: _____ Expiration Date: _____

Pending: _____ Required Items: _____

Denied: _____ Reason: _____

1. Must be provided by a competent instructor as demonstrated by documentation of his/her educational, professional and teaching experience:

2. Must contain current educational material relevant for nursing home and/or residential care facility administrators:

3. Must be of professional quality:

4. Must be appropriately designed for instructional purposes.

The following MUST accompany all applications:

Event flyer or Registration Form

Instructor's/speaker's resume

Detailed time schedule

Statement of the educational objectives of the program

Certificate of completion

Note: Applications for continuing education accreditation will not be reviewed for accreditation until <u>all</u> of the items listed above are received.

Within 30 days after the presentation of the program, a list of licensed nursing home and/or residential care facility administrators who attended must be provided to the Board office.

Records must be maintained for three (3) years after the completion of the course or program.

Revised 10/28/13