

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 all 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.