

NHAP PRECEPTOR TRAINING REGISTRATION FORM

SECTION I

NAME (Last)	(First)	(M.I.)	NHA LICENSE NUMBER
ADDRESS (Number and Street Name)	(City)	(State)	(Zip Code)
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	SOCIAL SECURITY NUMBER*	
FACILITY NAME	FACILITY TELEPHONE NUMBER	FACILITY FAX NUMBER	
FACILITY ADDRESS (Number and Street Name)	(City)	(State)	(Zip Code)

SECTION II

Which address do you want your Preceptor correspondence sent to? Home Facility Other (Complete below)

ADDRESS (Number and Street Name)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER
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Which address/phone number would you to be on the Preceptor Public List? Home Facility Other (Complete below)

ADDRESS (Number and Street Name)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER
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SECTION III

CHECK APPROPRIATE BOX THAT SPECIFIES AT THE TIME OF THIS APPLICATION WHY YOU QUALIFY AS A PRECEPTOR DEFINED IN HEALTH AND SAFETY CODE 1416.57:

- Have an active administrator license in California and have served at least two (2) years as the designated administrator of a licensed California nursing home. Not on probation, have no disciplinary actions pending, and the facilities overseen have/had a continuous operating history free from major deficiencies during my tenure.
- Have an active administrator license in California and have served at least four (4) years as the designated Assistant Administrator of a licensed California nursing home. Not on probation, have no disciplinary actions pending, and the facilities overseen have/had a continuous operating history free from major deficiencies during my tenure.

SECTION IV

Since you last renewed your license, have you been convicted of or pled nolo contendere to any violation of any law in any state, the United States or a foreign county? You must disclose all misdemeanor and felony convictions (including but not limited to Civil, Welfare, Health and Safety, Vehicle, or Penal Code convictions) and any conviction that has been dismissed (under Section 1203.4 of the Penal Code.) Yes No

SECTION V

TRAINING SESSION YOU WISH TO ATTEND: Preceptor training date: _____
Select date from "Dates to Remember" flyer

REQUIRED INFORMATION TO ATTEND PRECETOR TRAINING

*I understand that false or misleading answers are grounds for automatic denial of my application. I also understand that if my application is denied I will not be allowed to attend the preceptor training and NHAP will notify me in writing. **All fees paid are non-refundable or non-transferable.** I acknowledge that the foregoing information on this application is accurate, true and correct.*

 SIGNATURE OF APPLICANT

 DATE

Return this completed form with a check or money order (made payable to NHAP) with the appropriate fees to the following address:

**Nursing Home Administrators Program
(NHAP) P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416**

For a current **fee list**, please visit our website at: www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx

HOW TO COMPLETE THE APPLICATION FOR PRECEPTOR TRAINING

- SECTION I Complete this section. All information requested is required.
- SECTION II Complete this section. Indicate the specific address information.
- SECTION III Check the appropriate box that qualifies you to participate in the training.
- SECTION IV Check the appropriate box indicating response for conviction statement and NHA Profile Sheet.
- SECTION V Check the box indicating which training session you plan to attend. Sign and date the form.

IMPORTANT INFORMATION

- Registration and fee must be postmarked by final filing dates for processing (see Section V). Applications received after the postmarked date will be denied. Fees submitted are non-refundable and non-transferable.
- Six (6) hours of continuing education credit will be granted for attending the Preceptor Training.
- Preceptor certificates must be renewed every three (3) years from issuance date.

REQUIRED INFORMATION

**Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code. Section 17520, subdivision (d), the California Department of Public Health (CDPH), is required to collect social security numbers from all applicants for nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR, Section 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.*

STATUTES THAT GOVERN THE NURSING HOME ADMINISTRATOR PROGRAM
Health and Safety Code, Section 1416 Nursing Home Administrator Program

FOR OFFICE USE ONLY

Check/M.O.: _____	Amount \$: _____	NHAP STAFF: _____
Issue Date: _____	Expiration Date _____	Session Date: _____
CF#: _____	PRE#: _____	CE#: _____