



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
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STATE OF DELAWARE
**BOARD OF EXAMINERS OF NURSING HOME
ADMINISTRATORS**

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REQUEST FOR AN ADMINISTRATOR-IN-TRAINING PRECEPTOR

INSTRUCTIONS – Upload this document with your application in DELPROS

Incomplete and unsigned forms will not be accepted.

- The Administrator-in-Training (AIT) completes the **APPLICANT INFORMATION** section
- The Delaware-licensed Nursing Home Administrator(s) must complete the **PRECEPTOR INFORMATION** and the **ADMINISTRATOR-IN-TRAINING FUNCTIONS AND RESPONSIBILITIES** sections.
 - *When the preceptor will not serve as both the Assisted Living and Skilled Nursing Facility preceptor, each type of preceptor must complete this form.*
- Both the AIT and the requested Preceptor must sign the form(s).
- The AIT uploads this document in the application in DELPROS.

APPLICANT INFORMATION

1. Name: _____
Last/Family First Middle

PRECEPTOR INFORMATION

2. Name: _____ 3. NHA License Number: **H1-** _____

4. Name of Sponsoring Facility: _____

5. Address: _____

City State Zip code

6. Check the type of Preceptor you will serve as:

Assisted Living (AL) Skilled Nursing Facility (SNF) Both AL and SNF

ADMINISTRATION-IN-TRAINING FUNCTIONS AND RESPONSIBILITIES

7. Check all applicable specific functions and responsibilities the AIT will perform under your supervision:

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Creating and communicating a vision
<input type="checkbox"/>	Communicating effectively
<input type="checkbox"/>	Cultivating effective relationships
<input type="checkbox"/>	Inspiring and motivating
<input type="checkbox"/>	Demonstrating empathy
<input type="checkbox"/>	Group facilitation, consensus building, and team building
<input type="checkbox"/>	Delegating, leading, and empowering

