



# PRECEPTOR CERTIFICATION TRAINING

February 23-24, 2012

Sponsored by BW Insurance Agency

Vetter Learning Center

3900 Northwest 12th Street, Suite 100

Lincoln, Nebraska 68521-3037, Phone 402-435-3551

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NHCA Continuing Education

## CONTENT AND OBJECTIVES

In an age where the fast acquisition of knowledge and skills is critical, you must be able to train an administrator-in-training (AIT) or mentor quickly and well without decreasing your own or your staff's productivity to do so. This program will offer a nursing home administrator information to assist them as a preceptor for administrator-in-training and/or mentor. The topics to be covered include culture change, state statutes and regulations, communication, generational styles, learning styles, principles of adult education, leadership, and team building.

Participants completing this training program will be able to:

1. Identify the regulatory requirements of a preceptor;
2. Develop a curriculum for an AIT/mentor;
3. Identify topics to be covered with an AIT/mentor;
4. Describe teaching methods that can be utilized with an AIT/mentor;
5. Implement a training program for the AIT/mentor; and
6. Evaluate the completed training program for the AIT/mentor and preceptor.

## WHO SHOULD ATTEND

This two-day program is designed for Nursing Home Administrators who wish to become preceptors or who wish to renew their preceptor certificates. **Nursing Home Administrators must attend both days in order to obtain certification as a preceptor.**

## SCHEDULE

### February 23, 2012

- 9:30 am - 10:00 am .....Registration
- 10:00 am - 11:15 am.....Statutes and Regulations
- 11:15 am - 12:30 pm.....Communication Styles
- 12:30 pm - 1:15 pm .....Lunch (Provided)
- 1:15 pm - 2:45 pm .....Generational Styles and Challenges
- 2:45 pm - 3:00 pm .....Break
- 3:00 pm - 5:00 pm .....Principles of Adult Education and Learning Styles

### February 24, 2012

- 8:00 am - 9:45 am .....Leadership
- 9:45 am - 10:00 am .....Break
- 10:00 am - 12:00 noon. .... Team Building
- 12:00 noon.....Evaluation

A letter of confirmation will be sent and **is necessary for admission to the training program!**

**Casual dress for both days.**

Please bring a sweater or jacket to ensure your comfort at the training program.

# NHCA Preceptor Certification Training

## CONTINUING EDUCATION CREDIT

Approval has been requested from the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit in Nursing Home Administration, for 10 hours of continuing education credit.

### PRECEPTOR CERTIFICATION

#### Preceptor Certification Requirements:

106-010.01 Qualifications: To receive a credential as certified preceptor, an individual must meet the following qualifications:

1. License: Have a current and active Nebraska Nursing Home Administrators license;
2. Citizenship/Resident Information: Be a citizen of the United States, an alien lawfully admitted into the United States for permanent residence under the Immigration and Naturalization Act (INA) and who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant whose visa for entry or application for visa for entry is related to employment in the United States;
3. Experience: Have obtained three years of experience as a Nursing Home Administrator in the five years immediately preceding application for certification;
4. Training: Have completed at least an 8-hour preceptor training course approved by the Board, as described in 172 NAC 106-011, and said training must have been completed within the 12 months immediately prior to the application for a preceptor certification; and
5. Disciplinary Action: Has not had his/her license disciplined, limited, suspended, or placed on probation during the 1 year immediately preceding the application for a preceptor certification. At least 1 year must have elapsed following completion of any disciplinary terms and conditions. If any of these actions are taken by the Department during the AIT/Mentoring training supervisory period, the preceptor must terminate the supervision immediately and notify the Department.

## HOTEL ROOM BLOCK

A block of sleeping rooms will be available for the evenings of February 22 and 23, 2012. Information will be sent with the confirmation letter.

## SPEAKERS

**Sue Schlichtemeier-Nutzman, Ph.D.**, is a training/learning consultant and the Director of the Business Leadership Program at the College of St. Mary, Omaha, Neb.

**Kris Chiles**, Section Administrator, Nebraska Department of Health and Human Services, Licensure Unit, Lincoln, Neb.

## REGISTRATION FEE FOR THE TWO-DAY TRAINING PROGRAM:

Member .....	\$162
Member on/after February 9 .....	\$187
Non-Member .....	\$324
Non-Member on/after February 9 .....	\$349
Student .....	\$81
Student on/after February 9 .....	\$106

### WRITTEN PRE-REGISTRATION IS REQUIRED.

Registration accepted by mail, fax, or online.

**CANCELLATIONS** – There will be NO REFUNDS for cancellations received in the NHCA/NALA office after February 17 for the February 23-24 program, except in the case of a death in the registrant's immediate family – mother, father, husband, wife, brother, sister, or child.

**REFUNDS** – Registration fees will be credited/refunded minus a \$30 per person SERVICE CHARGE for cancellations received in the NHCA/NALA office by the close of business on or before the above cancellation date.

If attendance at an education event is interrupted by a State survey or inspection, a registration refund can be issued for the unused portion of the event. If you are unable to attend an event because of survey or inspection, a full refund can be issued. Written requests for refunds due to survey/inspection and written proof of the survey/inspection are required within 30 days of the education event's start date.

**Personal Associate Members, Student Members, Business Associate Members, LPNAN members, and non-members**—fees must be paid in advance and must accompany the registration form. If you are not a member of NHCA, NALA, or LPNAN, please pay the non-member fee.

**The registration fee includes tuition, lunch, breaks, and handout material including suggested activities.**

## ABSENTEE/MAKE-UP POLICY

In order to receive a certificate of attendance and earn a Preceptor Certificate, participants must attend both (2) days of the training program. Persons applying for Preceptor status must make up missed days. Missed days must be made up the next time the program is offered, and it is the responsibility of the participant to make registration arrangements. There will be an additional charge for make-up days.

**SUBSTITUTIONS** are accepted until the event begins. Substitutions are not possible once the event has started. A substitute who is not a licensed administrator would not be eligible for a Preceptor Certificate upon completion of the two-day training program.

**TAX DEDUCTION FOR EDUCATIONAL EXPENSES**—permitted for registration fees, cost of travel, meals, and lodging undertaken to (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.

## REGISTRATION FORM – NHCA Preceptor Certification Training – February 23-24, 2012

### REGISTRATIONS ACCEPTED BY MAIL, FAX, OR ONLINE

Mail: NHCA, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037

Fax: 402-475-6289 Online: [www.nehca.org](http://www.nehca.org) Phone: 402-435-3551

Facility \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Membership Status:**  Member  Non-Member

(For NHCA/NALA Office Use Only: ACCT ID \_\_\_\_\_)

**Billing Information:**  Check Enclosed  Cash

Credit Card  Bill



If you have a disability that requires special needs, please attach a written description of your needs.

If you wish a vegetarian meal or have other dietary restrictions, make a notation by your name.

**Please Print or Type Clearly!**

Cardholder's Name (PRINT): _____
Credit Card #: _____
Expiration Date: _____
Cardholder's Billing Address, City, State, Zip: _____
Signature: _____
Your signature on the line above will authorize this transaction. ↑

Name \_\_\_\_\_ Title \_\_\_\_\_ Fee \$ \_\_\_\_\_

Email \_\_\_\_\_

Total Amount: \_\_\_\_\_

Signature \_\_\_\_\_

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