

STATE OF NEVADA  
BOARD OF EXAMINERS  
FOR LONG TERM CARE ADMINISTRATORS  
BELTCA

3157 N. Rainbow Boulevard #313  
Las Vegas, Nevada 89108  
Phone: (702) 486-5445  
Fax: (702) 486-5439  
Email: [beltca@beltca.nv.gov](mailto:beltca@beltca.nv.gov)

## LICENSURE RENEWAL APPLICATION

*This renewal application with the appropriate fees (See Renewal Instructions) must be received on or before the end of the business day on which your current license expires. NEVADA HAS NO GRACE PERIOD. If your application is received after your license expires, you must reapply as though you are a new applicant, pay the appropriate fees, retake the National NAB Examinations, if appropriate, and complete the required Regulation Training (NAC 654.091, NAC 654.112, NAC 654.152).*

All fees are non-refundable or transferrable (NAC 654.110).

**Do not staple – double sided copies will not be accepted.**

**Per NAC Chapter 654.181, you must notify BELTCA of any contact information and/or facility affiliation change(s) within 15 days of such change or you will be subject to a fine of not less than \$500.00**

**I. Licensee Identifying Information** (Indicate the appropriate license type) HSE \_\_\_ NFA \_\_\_ RFA \_\_\_ License No. \_\_\_\_\_

1. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
2. Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Mailing Address if different from above: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone \_\_\_\_\_
5. Personal email: \_\_\_\_\_

**2. Administrator of Record Information**

1. Name of Principal Facility: \_\_\_\_\_ Facility License No. \_\_\_\_\_ No. of Beds \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_
4. Facility Email: \_\_\_\_\_

*Please complete a Facilities Fact Sheet if you are the administrator of record for more than 1 facility – You must have an original license in each facility.*

III. Personal History Information:

1. Since the date of your last application/renewal of your license, have you been addicted to or used in excess any drug or chemical substance, including alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Since the date of your last application/renewal of your license, have you been treated for a drug or alcohol addiction or participated in a rehabilitation program or diversion program? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Since the date of your last application/renewal of your license, do you have a medical condition, either mental or physical, that in any way impairs or limits your ability to competently perform the duties of your profession? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes to any of the above questions, you must submit a detailed letter of explanation including diagnosis, past treatment efforts (inpatient or out - patient), date of last treatment and current treatment plan including documentation.

4. Are you free of contagious disease? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Since the date of your last application/renewal of your license, have you been notified that you were under investigation for a violation of a statute, rule or regulation governing any professional license issued to you or had a license or certificate revoked, modified, limited or suspended, other disciplinary action instituted against you, or had an application for licensure or certification rejected, denied or limited by a professional licensing authority of another state, territory or country? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you ever voluntarily surrendered a license for a license? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes to 5 and/or 6 above, you must submit a detailed explanation of the circumstances involved:

---

---

---

*Please use the reverse side of this form if more space is required.*

7. Since the date of your last application/renewal of your license;
  - a. Have you been charged with a felony, gross misdemeanor or misdemeanor? Yes \_\_\_ No \_\_\_ Initial \_\_\_  
*You must answer "Yes" even if the charges were dropped or dismissed.*
  - b. Have you been placed on probation? Yes \_\_\_ No \_\_\_ Initial \_\_\_
  - c. Have you been granted deferred adjudication or pretrial diversion? Yes \_\_\_ No \_\_\_ Initial \_\_\_
  - d. Have you had records sealed or expunged? Yes \_\_\_ No \_\_\_ Initial \_\_\_
  - e. Have you been advised by an attorney that you do not have to list a conviction? Yes \_\_\_ No \_\_\_ Initial \_\_\_

If the answer is yes, you must submit the following:

- a. A detailed letter of explanation including date of offense, circumstances leading to arrest, conviction, sentence, additional convictions and current status of sentence.
- b. Copies of court documents identifying actual conviction and sentence.
- c. A letter from parole/probation officer regarding compliance with requirements or copy of document identifying completion of sentence.
- d. A criminal history printout from a FBI fingerprint check.

**PLEASE NOTE: PROVIDING FALSE OR UNTRUTHFUL INFORMATION WILL RESULT IN THE NON-RENEWAL OF YOUR LICENSE.**

*If you have any question as to how to respond to the above, please call the Board Office at (702) 486-5445 for clarification.*

**IV. Child Support Statement:**

Please place a check mark next to one of the following statements:

- \_\_\_\_\_ I am not subject to a court order for the support of a child.
- \_\_\_\_\_ I am subject to a court order for the support of one or more children, and I am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**V. REPORT OF THE EXISTENCE OF A NEVADA BUSINESS LICENSE – NRS 622.240**

*All licensees MUST complete this section, regardless of license status. Please select ONE of the following options:*

1. I have a Nevada Business License number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76. My Nevada Business License number is: \_\_\_\_\_
2. I have applied for a Nevada Business License with the Nevada Secretary of State upon compliance with the provisions NRS Chapter 76, and my application is pending. \_\_\_\_\_
3. I do NOT have a Nevada Business License. \_\_\_\_\_

*The Nevada State Board of Examiners for Long Term Care Administrators is not the arbiter of determining whether a licensee needs a business license. Information about the Nevada Business License can be found on the Secretary of State's website at: <http://nvsos.gov/>.*

**VI. Release of Information:** Having made application for licensure, I \_\_\_\_\_ hereby consent to have an investigation as to my moral character, professional reputation, education, experience and other qualifications for licensure as a Health Services Executive, Residential Facility Administrator or Nursing Facility Administrator in the State of Nevada.

I authorize the State of Nevada and its State Board of Examiners for Long Term Care Administrators or their agents or representatives to acquire from any source of information it may request concerning my professional, academic and character qualifications. This information may include, without limitation implied by enumeration, confidential reports, file records, documents and transcripts of any type of civil, criminal, disciplinary, or administrative action or proceedings.

I authorize and request every person, physician, firm, corporation, government agency, or other institution having control of any documents, records, or other information pertaining to me, to furnish such information and to allow the review and copying of such information to and by the authorized persons herein.

From time to time, the Board receives requests for mailing lists. These requests generally come from entities that provide CEU courses, and from facilities in need of an Administrator. Facility information is provided including the name of the Administrator. Please indicate below if you would like your personal information (address and phone number) to be included on these lists.

I would like my personal information provided on mailing lists: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VII. Military Service**

- a. Have you ever served in the military on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States separated from such service under conditions other than dishonorable? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic And Atmospheric Administration of the United States in the capacity of a Commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? Yes \_\_\_\_\_ No \_\_\_\_\_

**d. Branch(es) of Service? (Check all that apply)**

- |   |             |           |
|---|-------------|-----------|
| _____ Army/Army Reserve                 | From: _____ | To: _____ |
| _____ Marine Corps/Marine Corps Reserve | From: _____ | To: _____ |
| _____ Navy/Navy Reserve                 | From: _____ | To: _____ |
| _____ Air Force/Air Force Reserve       | From: _____ | To: _____ |
| _____ Coast Guard/Coast Guard Reserve   | From: _____ | To: _____ |
| _____ National Guard                    | From: _____ | To: _____ |

**Military Occupation/Specialties?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If it has been four (4) years or more since your last background check, you must provide this office with two (2) fingerprint cards or a receipt indicating that fingerprints have been submitted electronically. Please return fingerprint cards to this office together with your renewal documents.

**BY SIGNING ON THE SIGNATURE LINE BELOW:**

- 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR RENEWAL OF ADMINISTRATOR'S LICENSE IN THE STATE OF NEVADA AND THAT ALL STATEMENTS I HAVE MADE HEREIN ARE TRUE;
- 2) I UNDERSTAND THAT THIS APPLICATION FOR RENEWAL WILL BE DENIED IF I HAVE NOT PLACED A CHECK MARK NEXT TO (a), (b) or (c) UNDER THE CHILD SUPPORT STATEMENT SECTION;
- 3) I UNDERSTAND THAT THIS APPLICATION FOR RENEWAL WILL BE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO A WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S); AND
- 4) I ACKNOWLEDGE THAT I AM AWARE OF THE LAWS AND REGULATIONS REGARDING THE LICENSURE OF RESIDENTIAL/NURSING FACILITY ADMINISTRATORS IN THE STATE OF NEVADA.

Licensee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATOR FINGERPRINT PROCESSING INSTRUCTIONS (CARDS)**

As an applicant for licensure with the Board of Examiners for Long-Term Care, it is your responsibility to obtain fingerprinting from an authorized law enforcement agency. Attached is a Civil Applicant Waiver which **MUST BE COMPLETED**.

All blanks must be completed.

**APPLICANT FINGERPRINT CARD**

Name: \_\_\_\_\_  
(Last, First, Middle)

Height: \_\_\_\_\_

Signature: \_\_\_\_\_

Weight: \_\_\_\_\_

Aliases (AKA): \_\_\_\_\_

Color – Eyes: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Color – Hair: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Signature of official taking fingerprints:** \_\_\_\_\_

NEVADA BOARD OF EXAMINERS  
FOR  
LONG TERM CARE ADMINISTRATORS  
3157 N. Rainbow Blvd. #313  
Las Vegas, Nevada 89108  
Phone: (702) 486-5445  
Fax: (702) 486-5439

REGISTRATION APPLICANT ELECTRONIC SUBMISSION FORM

**Provide this form to the fingerprint technician at the time fingerprints are taken and return it to BELTCA for inclusion in your application submission.**

Applicant Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

\_\_\_\_\_

Reason Fingerprinted: HSE 654.130, NFA 654.150, RFA 654.155 Registration payment has been confirmed.

ORI: NV920440Z

Account Number: 880351

The above named individual was fingerprinted and said prints will be sent electronically to the Central Repository for Nevada Records of Criminal History on behalf of the Board of Examiners for Long Term Care Administrators.

Fingerprint Agency Stamp _____
Fingerprint Representative Signature _____
TCN#: _____
Date: _____



## FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Nevada Board of Examiners for Long Term Care Administrators (BELTCA) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) Nevada Board of Examiners for Long Term Care Administrators (BELTCA) , to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submitting Agency: Nevada Board of Examiners for Long Term Care Administrators (BELTCA)

Address: 3157 N. Rainbow Blvd. #313, Las Vegas, NV 89108

Agency representative: Lampert, Sandy  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CONTINUING EDUCATION AFFIDAVIT

Name: \_\_\_\_\_ HSE/RFA/NFA License Number: \_\_\_\_\_

NAB Registry Number: \_\_\_\_\_

Please provide information for each activity for which you are requesting Continuing Education Units (CEUs). Only courses approved by BELTCA or NAB qualify for CEU hours. All licensees are required to complete a minimum of 2 CEU hours on Ethics and 2 CEU hours on Regulations. Medication Supervision classes both initial and renewal as required by the Department of Public and Behavioral Health (DPBH) do not qualify for CEU hours. Additionally, the Board will not accept more than 8 CEU hours provided in any 24 hour period.

<u>Course Title</u>	<u>Date presented</u>	<u>Approval #</u>	<u>Hours</u>	<u>Ethics/Regs</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Number of CEU's \_\_\_\_\_

This is to certify that the above and attached information is accurate and represents my Continuing Education Units which have been obtained during my current license year(s) which are required by law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_