



South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340

Ph.: 605-224-1721

Fax: 888-425-3032

E-mail: SDNFA@midwestsolutionsd.com

<http://nursingfacility.sd.gov>

PRECEPTOR AND EMERGENCY ADMINISTRATOR AGREEMENT

A list of certified preceptors can be found on the Board's website.

Date: _____

I, _____ agree to be preceptor for _____
(Preceptor) (Emergency Administrator)

at _____ beginning _____.
(Facility) (Start Date)

I fully understand my responsibilities as stated in the administrative rules and statutes. I understand that an emergency permit may be issued for not more than 180 days. I further understand that this emergency permit may be renewed only one time for an additional 180 days and that it will not be renewed more than one time. I agree to have the preceptor observe me at least two days a month in the facility in which I am serving and keep a written memorandum of what was accomplished or discussed at these visits during the term of the emergency permit. **I understand that I do not submit these reports to the Board, but that I must maintain these reports for one year following the date of expiration of the emergency permit.** I also agree to inform the Board immediately if there is a change in this agreement.

Emergency Permit Holder

Date

I fully understand my responsibilities as stated in the administrative rules and statutes. I understand that an emergency permit may be issued for not more than 180 days. I further understand that this emergency permit may be renewed only one time for an additional 180 days and that it will not be renewed more than one time. I agree to provide appropriate supervision and make myself reasonably available to the emergency administrator to provide assistance. I agree to observe the emergency administrator at least two days a month in the facility in which the emergency administrator is serving and keep a written memorandum of what was accomplished or discussed at these visits, using a form that is found on the Board's website, during the term of the emergency permit. **I understand that I do not submit these reports to the Board, but that I must maintain these reports for one year following the date of expiration of the emergency permit.** I also agree to inform the Board immediately if there is a change in this agreement.

Preceptor

Date