



New Jersey Department of Health
Nursing Home Administrators Licensing Board

**CERTIFICATION OF PROGRAM COMPLETION FOR
NURSING HOME ADMINISTRATIVE INTERN PROGRAM**

Mailing Address:
PO Box 358
Trenton, NJ 08625-0358

Overnight Services (UPS, FedEx, Airborne):
120 South Stockton Street, 3rd Floor
Trenton, NJ 08608-1832

INSTRUCTIONS TO PRECEPTOR: At the conclusion of the training program, please complete this form and forward to the Nursing Home Administrators Licensing Board at either of the two listed addresses.

Name of Applicant <i>First</i> <i>M.</i> <i>Last</i>			Social Security Number
Name of Preceptor (Must be Licensed Nursing Home Administrator) <i>First</i> <i>M.</i> <i>Last</i>			License Number
Name of Licensed Long Term Care Facility Training Site			
Street Address			
City	State	Zip Code	Telephone Number
Program Start Date		Anticipated Completion Date	
Hours Completed:			
	<u>Service Area/Department</u>	<u>Hours</u>	
1.	Resident Activities	_____	
2.	Administration	_____	
3.	Business Office	_____	
4.	Dietary	_____	
5.	Maintenance	_____	
6.	Medical Records	_____	
7.	Nursing	_____	
8.	Social Services	_____	
9.	Environmental (including Housekeeping and Laundry)	_____	
10.	Other (Specified as on WP):	_____	
	_____	_____	
	_____	_____	
	TOTAL NUMBER OF HOURS IN TRAINING PROGRAM	_____	
Attach sheet with comments of overall performance of applicant during internship.			
I certify that the applicant named above has satisfactorily completed this program under my supervision, and I recommend that the applicant be allowed to take the Nursing Home Administrator Licensing Examination.			
Date		Signature of Preceptor	