



New Jersey Department of Health
Nursing Home Administrators Licensing Board

**QUARTERLY PROGRESS REPORT 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 APPLICANT: Complete Section I and forward to Preceptor for review of Section I and completion of Section II.

INSTRUCTIONS TO PRECEPTOR: Review Section I and complete Section II and forward to the Nursing Home Administrators Licensing Board at either of the two listed addresses.

SECTION I - TO BE COMPLETED BY APPLICANT																																												
Name of Applicant <i>First</i> <i>M.</i> <i>Last</i>	Social Security Number																																											
Program Start Date	Anticipated Completion Date																																											
Quarterly Report Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Time Period Covered From: _____ To: _____																																											
Hours Completed: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left; padding: 5px;"><u>Service Area/Department</u></th> <th style="width: 25%; text-align: center; padding: 5px;"><u>This Report</u></th> <th style="width: 25%; text-align: center; padding: 5px;"><u>YTD</u></th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">1. Resident Activities</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">2. Administration</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">3. Business Office</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">4. Dietary</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">5. Maintenance</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">6. Medical Records</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">7. Nursing</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">8. Social Services</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">9. Environmental (including Housekeeping and Laundry)</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">10. Other (Specified as on WP):</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">TOTAL HOURS</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> </tbody> </table>			<u>Service Area/Department</u>	<u>This Report</u>	<u>YTD</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 HOURS	_____	_____
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Describe in an attached sheet the training you received during this report period (departments in which you worked, time spent in each department, summary of learning experiences, brief analysis of any problems observed or insights gained, special projects, points of interest, etc.)																																												
<i>I certify that the statements made by me are true and correct to the best of my knowledge and belief.</i>																																												
Date	Signature of Applicant																																											

**QUARTERLY PROGRESS REPORT FOR
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(Continued)**

Name of Applicant <i>First M. Last</i>			Social Security Number	
SECTION II - TO BE COMPLETED BY PRECEPTOR				
Name of Preceptor <i>First M Last</i>		NHA License No.		No. of Years Licensed as NHA
Name of Licensed Long Term Care Facility Training Site				
Street Address				
City		State Zip		Telephone Number
Please type: Comment on the applicant's knowledge, skills and abilities acquired during this report period, accuracy and completeness of monthly intern logs, problems encountered, and whether internship is proceeding satisfactorily. (Attach additional sheets if necessary.)				
CERTIFICATION <i>I have reviewed the statements made by the applicant in Section I for accuracy. I certify that the statements made by me in Section II are true and correct to the best of my knowledge and belief.</i>				
Date		Signature of Preceptor		