New Jersey Department of Health
Nursing Home Administrators Licensing Board

APPLICATION FOR APPROVAL OF 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: Complete as much information as possible on the form itself, then attach additional sheets as necessary and number the response(s) to correspond to the numbers listed on this form. Please print or type.

1. Name of Applicant First M. Last	2. Name of Licensed Long Term Care Facility Site
Street Address	Street Address
City State Zip	City State Zip
3. Social Security No.	4. Personal Email Address
5. Home Telephone Number	6. Work Telephone Number

7. Type of Program

☐ Administrative Intern Program (N.J.A.C. 8:34-4.2)   ☐ Equivalency-Graduate School Program (N.J.A.C. 8:34-4.4)

8. If a waiver of any of the hours is being requested, state the specific reasons that justify this and attach any supporting documentation. (To be completed by the applicant) (N.J.A.C. 8:34-1.8)

9. Total Number of Hours to be Completed	10. Program Start Date	11. Anticipated Completion Date

12. Outline the time the applicant will spend in each required area and attach sheet with WP for Administrative Intern (created by preceptor only and outlining the type of experience that will be provided to the applicant).

13. Date	14. Signature of Applicant

STATEMENT BY PRECEPTOR FOR ADMINISTRATIVE INTERN PROGRAM

I am currently and have been licensed as a Nursing Home Administrator in New Jersey for at least five (5) years and have actively practiced as a Nursing Home Administrator in a long term care facility for the immediate past three (3) years (N.J.A.C. 8:34-4.3).

15. Name of Preceptor (Must be Licensed Nursing Home Administrator)	16. NJ License Number
17. Date	18. Signature of Preceptor

FOR STATE USE ONLY

Approved ☐ Yes ☐ No	Date of Approval	Signature

NH-8
AUGUST 21