

**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):
25 South Stockton Street, 2nd 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		Social Security Number	
Name of Preceptor (Must be Licensed Nursing Home Administrator)		License Number	
Name of Licensed Long Term Care Facility Training Site			
Street Address			
City, State, Zip		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 (Specify):			_____
_____			_____
_____			_____
TOTAL NUMBER OF HOURS IN TRAINING PROGRAM			_____
<i>(Attach additional sheets if necessary)</i>			
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.			
Signature of Preceptor		Date	