

**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):  
25 South Stockton Street, 2nd 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		2. Name of Licensed Long Term Care Facility Site	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
3. Social Security No.		4. Email Address	
5. Home Telephone Number (      )		6. Work Telephone Number (      )	
7. Type of Program <input type="checkbox"/> Administrative Intern Program (N.J.A.C. 8:34-4.2) <input type="checkbox"/> 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 include 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. Attach Work Plan for Administrative Intern (To be completed by the preceptor, outlining the length of time in each of the nine required areas and type of experience that will be provided for the applicant.) (Attach additional sheets if necessary.)			
13. Signature of Applicant			14. Date
<b>STATEMENT BY PRECEPTOR FOR ADMINISTRATIVE INTERN PROGRAM</b> 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. Signature of Preceptor			18. Date

FOR STATE USE ONLY		
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature	Date of Approval