



# Nursing Home Administrator in Training or Verification of Employment in Long Term Care

## Administrator in Training (to be filled out by the preceptor)

- I attest that I have been a licensed nursing home administrator for at least two years, am in good standing and am not related to the practicum student.
- I attest that I have completed a preceptor course and provided that verification to the Board office.
- In accordance with the above referenced requirements, the licensure applicant \_\_\_\_\_ has completed an administrator in training program.
- The curriculum completed was through \_\_\_\_\_.

Completed by: \_\_\_\_\_ NHA License number: \_\_\_\_\_

Facility/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip code \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Verification of Employment in Long Term Care (to be filled out by the agency designee)

Completed by: \_\_\_\_\_ Applicant: \_\_\_\_\_

Facility/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zipcode \_\_\_\_\_

Applicant's employment history with this company/facility

Dates of Employment	Facility Name	Position(s) held

Signature: \_\_\_\_\_

Date: \_\_\_\_\_