KIM REYNOLDS, GOVERNOR

CHRIS COURNOYER, LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

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: _____ _____City/State/Zipcode Address:___ Applicant's employment history with this company/facility Dates of Employment Facility Name Position(s) held

Revised 02/2025