

ADMINISTRATOR-IN-TRAINING PROGRAM (INTERNSHIP)					
TO BE COMPLETED BY THE PRECEPTOR					
Preceptor Name			Title		
Nursing Home Administrator License #		Registration Expiration Date		Date of Original Licensure (Minimum 2 years)	
Skilled Nursing Facility Name and Address (Training Site)			Operating Certificate #		# of Certified Beds (Minimum 80)
AFFIRMATIONS AND CERTIFICATIONS (PRECEPTOR)					
<p>By my signature below, I am attesting that have had at least three years of service as the full-time Administrator-of-Record of a skilled nursing facility during the last five years, including at least one year in a New York State nursing facility eligible for approval as a training site OR I hold a current Nursing Home Administrator certification issued by the American College of Health Care Administrators (ACHCA). I have never had my nursing home administrator license annulled, revoked, suspended, surrendered or forfeited or otherwise been disciplined by the Board of Examiners of Nursing Home Administrators, or have any formal disciplinary action pending or in progress against me. I certify that the training site is not in Receivership. I further certify that the intern has no financial interest in the training site and is not a relative of any individual who has a financial interest in the training site. I understand that if at any time during the internship the intern should become employed at the training site, the internship will be suspended immediately and remain suspended until a revised Internship Plan is approved by the Board. I am aware that the Internship Plan requires the written approval of the Board and that training completed prior to receipt of the Board's written approval of the Internship Plan will not be credited toward completion of the internship. I am further aware that any changes to the approved Internship Plan require written approval by the Board.</p>					
Preceptor Signature				Date	
TO BE COMPLETED BY THE INTERN					
AFFIRMATIONS AND CERTIFICATIONS (INTERN)					
Last Name		First Name		Middle Initial	
<p>By my signature below, I am attesting that I have no financial interest in the training site and am not a relative of any individual who has a financial interest in the training site. I understand that my acceptance of an appointment as Acting Administrator of any residential health care facility pursuant to 10 NYCRR 415.6(a)(3) during the internship will result in the disqualification of my internship. I am aware that training completed prior to receipt of the Board's written approval of the Internship Plan will not be credited toward completion of the internship. I am further aware that any changes to the approved Internship Plan require written approval by the Board.</p>					
Intern Signature				Date	
INTERNSHIP PLAN					
<input type="checkbox"/> 6 Months (Minimum 26 weeks/910 hours)			<input type="checkbox"/> 12 Months (Minimum 52 weeks/1820 hours)		
Start Date		End Date		Start Date	
End Date		Start Date		End Date	
<input type="checkbox"/> Full-Time		# Hours Per Week		Total # of Hours	
<input type="checkbox"/> Part-Time		# Hours Per Week		Total # of Hours	
Office Use Only					
<input type="checkbox"/> Approved		Start Date		Reviewer	
<input type="checkbox"/> Completed		Date Internship Completion Certification Received		Reviewer	

Nursing Home Administrator Licensure Application Addendum A

NEW YORK STATE DEPARTMENT OF HEALTH
Board of Examiners of Nursing Home Administrators

Last Name	First Name	Middle Initial			
INTERNSHIP PLAN (MODULE CURRICULUM)					
<p>The internship must include learning activities in each of the below areas as independent modules. Other modules may be added, if appropriate. The amount of time devoted to each module will vary based on the intern's education, experience, knowledge, skills and abilities. Training should generally take place Monday through Friday between 8 a.m. and 5 p.m., but may also take place nights and weekends so the intern has the broadest possible learning experience. The intern may not be involved in any activities at the training site other than those identified for the pre-determined blocks of time in the below Module Curriculum. A description of the learning activities for each module (including goals and objectives), along with a current organizational chart for the training site identifying the incumbents in all positions at the department head level and above, must be submitted.</p>					
Administration (Minimum 4 weeks: First 3 weeks and final week of the internship)		Start Date (1)	Start Date (2)	# of Weeks	# of Hours
Preceptor/Trainer Name	Signature (upon completion of module)	Completion Date (1)	Completion Date (2)		
Human Resources		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
Nursing		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
Business Office/Financial Management		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
Diet		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
Rehabilitation		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
Medical Records		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
Activities		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
Social Services/Admissions		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
Housekeeping/Laundry		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
Environmental Management/Maintenance		Start Date		# of Weeks	# of Hours
Trainer Name	Signature (upon completion of module)	Completion Date			
				TOTAL # of Weeks	TOTAL # of Hours

To obtain Board approval of the internship, Addendum A must be completed and submitted by the preceptor at least eight weeks prior to the desired start date of the internship. Upon approval, Addendum A will be mailed to the preceptor marked "Approved" and a start date will be identified. A reporting format (Module Training Summary) will be provided at that time. Addendum A (with original signatures) must be maintained by the preceptor throughout the duration of the internship, as it will serve to document the milestones and completion of the internship.

Upon completion of each module, the respective trainer must complete a Module Training Summary and provide it to the preceptor. The preceptor should meet with the intern to assure that the goals and objectives have been satisfactorily met and the intern is ready to begin the next module. If the goals and objectives have not been met, the preceptor should postpone movement into the next module and work with the intern (and trainer) to resolve any weaknesses sufficient to proceed. The preceptor should obtain the signature of the trainer on Addendum A once the goals and objectives for the module have been met.

The preceptor must maintain all Module Training Summaries throughout the duration of the internship. **These reports will be requested by the Board on a random basis and must be made available immediately upon request.**

INTERNSHIP COMPLETION CERTIFICATION

►► DO NOT SIGN THIS SECTION UNTIL THE INTERNSHIP IS COMPLETED. ◀◀

INTERN

I affirm, subject to the penalties for perjury, that the statements made herein and on the accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct. I certify that I have complied with all the rules and requirements of the internship and the Board. I further understand that a false statement knowingly made by me may be cause for suspension or annulment of any license issued pursuant to my Nursing Home Administrator Licensure Application.

Intern Signature

Date

PRECEPTOR

I affirm, subject to the penalties for perjury, that the statements made herein and on the accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct. I certify that I have complied with all the rules and requirements of the internship and the Board. I further understand that a false statement knowingly made by me may impact my eligibility to serve as a preceptor and could result in disciplinary action against my nursing home administrator license.

Preceptor Signature

Date

Upon completion of the internship, this certification must be signed by the intern and preceptor and submitted to the Board by the preceptor, along with the fully completed Addendum A (with original signatures) and all Module Training Summaries completed throughout the duration of the internship. Please address all internship information to:

**New York State Department of Health
Board of Examiners of Nursing Home Administrators
Bureau of Professional Credentialing
875 Central Avenue
Albany, New York 12206**

Questions may be directed to the Bureau of Professional Credentialing at 1-877-877-1827.

REMINDERS

Please remember:

- ✓ The training site may accommodate a maximum of two interns at one time.
- ✓ The Internship Plan requires the written approval of the Board of Examiners of Nursing Home Administrators. Training completed prior to receipt of the Board's written approval of the Internship Plan will not be credited toward completion of the internship.
- ✓ Any revisions to the approved Internship Plan require written approval by the Board.
- ✓ The preceptor must maintain all Module Training Summaries completed throughout the duration of the internship. These reports will be requested by the Board on a random basis and must be made available immediately upon request.
- ✓ Other requirements/restrictions may be applied on a case-by-case basis at the discretion of the Board.