Alabama Board of Examiners of Nursing Home Administrators 4156 Carmichael Road, Montgomery, Alabama 36106 (334) 271-2342

Application for Facility Training Site

(Please print clearly or ty	pe all answers - if there is no	ot sufficient spa	ace, use additiona	l sheets and number accord	ingly).
NAME OF FACILIT	Y:				
ADDRESS: (Street)			(City)		
(State)			(Zip Code)		
TELEPHONE:			(Fax)		
NUMBER OF LICENSED BEDS:			COUNTY:		
OWNER:					
	llowing information on			epartment heads:	
NAME	POSITION IN FACILITY	DATE HIRED	WORK HOURS	TYPE OF LICENSE HELD	LICENSE #

PLEASE ATTACH THE LATEST COPY OF YOUR SURVEY REPORT (CMS 2567) WHICH INCLUDES YOUR PLAN OF CORRECTION AND A COPY OF YOUR FACILITY LICENSE ISSUED FROM THE DIVISION OF LICENSURE AND CERTIFICATION.