

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

Application for Preceptor

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NHA License # _____ Date of Issuance _____

NAME: _____
(Title) (Last) (First) (Middle)

DATE OF BIRTH: _____
(Month) (Day) (Year)

ADDRESS: (Street) _____ (City) _____
(State) _____ (Zip Code) _____
Please give current home address

TELEPHONE: (Home) _____ (Business) _____

Have you had any disciplinary action taken against any professional license you hold? No Yes

During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

No Yes If yes, attach copy of relevant documents.

In addition to this license, I hold the following other nursing home administrator licenses: Not Applicable

License: _____; _____; _____
(Title) (Number) (State)
_____; _____; _____
(Title) (Number) (State)

Please list the names, addresses, and dates of the facilities in which you have been in direct management control over the last three years. *Please list current facilities first*

Please list your experience that would qualify you to supervise the training of an AIT.

Education: *Please submit a copy of all degrees and certificates you have received.*

(a) Please circle the highest grade completed: 6 7 8 9 10 11 12

(b) Did you graduate? Yes No Date of Graduation _____

(c) Name of High School _____

Address: _____
(Street) (City) (State) (Zip)

(d) Name of College or University _____

Address _____

(e) Degree _____

(f) Major undergraduate subjects: _____

(g) Major graduate university subjects: _____

(h) Other educational training: Name _____

Address: _____
(Street) (City) (State) (Zip)

Dates attended: From _____ To _____

Certificate Received: Yes No

Subjects: _____

Please submit a copy of your current resume and a copy of your Preceptor Training Certificate.

I hereby certify that the information listed on this application are true and correct to the best of my knowledge and belief.

In witness whereof, I set my hand and seal this _____ day of _____, _____.

(Signature of Applicant)

Sworn to and Subscribed before me this _____ day of _____, _____.

(Notary Public)

My Commission Expires _____ County of _____ State of _____