State of California – Health and Human Services Agency
California Department of Public Health (CDPH)

Nursing Home Administrator Program (NHAP)
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416
(916) 552-8780 FAX (916) 636-6108
NHAP@cdph.ca.gov

| APPLICANT'S NAME (Last) | (First) | (M.I) |
|---|---|---|
| | | |

## Preceptor Information – To Be Completed by Preceptor

| Preceptor's Name (Last) | (First) | | (Middle) |
|---|---|---|---|
| | | | |

| NHA License Number | NHA License Expiration Date | Preceptor Number | Preceptor Expiration Date |
|---|---|---|---|
| | | | |

Preceptor's Principal Job(s)/Titles

| Name Of SNF/ICF Training Will Take Place | Telephone Number |
|---|---|
| | |

| Address Of SNF/ICF Where Training Will Take Place (Number and Street) | (City) | (State) | (Zip Code) |
|---|---|---|---|
| | | | |

| **Number of Hours Per Week AIT Will Be Training: _____** | Number of Hours Per Week You, **as the Preceptor**, Will Be Personally Supervising the Training of the AIT:  Minimum 20    30    40    50    Maximum 60    Other: _____ |
|---|---|

**I have reviewed the application package and it is complete with necessary attachments listed below.**

Completed Live Scan        Copy of Photo ID        Official College Transcripts

1,000-Hour Training Outline        Degree Equivalency Evaluation
with week-by-week breakdown      (If degree obtained outside of U.S.)

**I certify under penalty of perjury under the applicable state and federal laws, that the information contained in this application and supporting documents is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application. I hereby agree to make it my personal responsibility to see that the Administrator-In-Training (AIT) receives the type and amount of training required to make him/her fully qualified to become a licensed Nursing Home Administrator. I will comply with allthe requirements of the AIT program, as set forth in the rules and regulations of the State of California Nursing Home Administrator Program (Health and Safety Code, Division 2, Chapter 2.35). I understand that failure to supervise the AIT as indicated above will result in the AIT's training hours being disqualified and may result in suspension of my California Preceptor certificate.**

| PRECEPTOR'S SIGNATURE | DATE |
|---|---|
| | |

*All information requested by the application is required by the California Department of Public Health, NHAP. Maintenance of the information requested on this form is authorized by the Health and Safety Code.*

CDPH 502C (1/2024)