

APPLICANT'S NAME (Last)	(First)	(M.I)
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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: _____
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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
(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 all the 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
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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.