

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

Application for Preceptor Recertification

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

NHA License # _____ Date of Issuance _____
Preceptor 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) _____

During the last three years, 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 professional licenses: Not Applicable

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

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

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 the names of all the AITs in which you precepted over the last three years. *Please list current AITs first*

Please submit a copy of your current resume and a copy of your Preceptor Recertification 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 _____