Nursing Facility Administrator Program

Statement from the Administrator of Record

As required in the Nursing Facility Administrator licensing rules at Texas Administrative Code 18.12(6)(B), the administrator-in-training (AIT) is required to submit a signed statement from the administrator of record upon completion of the internship to verify the training location. **All AITs, academic or non-academic, are required to submit this form.**

This form must be notarized.

AIT's Name		
Preceptor's Name		License No.
Name of Nursing Facility Where the Internship Occurred:		
Name of Administrator of Record:		License No.
Address		Area Code and Telephone No.
City	State	ZIP Code
Dates of Internship Began: Ended:		

I, _____, administrator of record of the facility in which the training occurred, verify the AIT trained at the above nursing facility.

_____ _____
Signature–Administrator of Record Date

TO THE STATE OF)

COUNTY OF)

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he or she has executed the same for the purposes and considerations therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20 _____.

Notary Public in and for _____ County, Texas, or _____.

_____
Signature – Notary Public

Place notary seal or stamp here.

_____
Printed Name – Notary Public

_____
Date Commission Expires

Department of Aging and Disability Services
Nursing Facility Administrator Program
P.O. Box 149030
Mail Code E-420
Austin, TX 78714-9030

credentialing@dads.state.tx.us