Texas Department of Aging
and Disability Services

Form 5517-NFA
August 2007

Nursing Facility Administrator Program

Completed Internship by Non-School Preceptor

The information provided on this form must be supplied by and attested to by the Administrator-In-Training's (AIT) preceptor. Please type or computer-generate all information.

This form must be notarized.

1. AIT's Name (Last, First, Middle)		
2. Preceptor's Name (Last, First, Middle)		Preceptor's License No.
3. Internship Setting		
Address (Street, P.O. Box, Rural Route, etc.)		Telephone No. ( )
City	State	ZIP Code

The above applicant has successfully completed internship training during the period of:
From (mm/dd/yyyy): To (mm/dd/yyyy):

Indicate number of hours for each type of training:
____ Management ____ Personnel ____ Patient Care ____ Physical Plant **Total Hours: _____**

I, as the certified preceptor of the above-named AIT, affirm that all the information provided by me on this form is true and correct. Further, I attest that:

☐ All internship hours were completed in accordance with § 241.6 of the Nursing Facility Administrators licensure rules (Chapter 18).

☐ I met with the AIT for at least one hour per day and not more than 40 hours per week during the 1000 hours of internship.

_____ _____
Signature – Preceptor Date

TO THE STATE OF)
COUNTY OF)

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he or she executed the same for the purpose and consideration therein expressed.

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

_____
Signature – Notary Public, State of Texas

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, Texas 78714-9030

credential@dads.state.tx.us

With a few exceptions, you have the right to request and be informed about the information that the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Long Term Care Nursing Facility Administrator Program at 512-438-2015.