WYOMING BOARD OF NURSING HOME ADMINISTRATORS
6101 YELLOWSTONE ROAD, SUITE 501
CHEYENNE, WY 82002
(307) 777-7815
Fax (307) 777-3314 E-mail: vspire@state.wy.us

# CERTIFICATION OF ADMINISTRATOR IN TRAINING PROGRAM COMPLETION

NAME OF ADMINISTRATOR IN TRAINING:

_______________________________________________
FIRST MIDDLE LAST

PLACE OF TRAINING:

FACILITY ______________________________________

STREET ADDRESS ________________________________

_______________________________________________
CITY STATE ZIP CODE

FACILITY TELEPHONE NUMBER: ____________________

DATE INTERNSHIP BEGAN: ______________________ DATE COMPLETED: ______________

NUMBER OF WEEKS SPENT IN:

1. ADMINISTRATION ______
2. BUSINESS ______
3. DIETARY ______
4. HOUSEKEEPING/ LAUNDRY ______
5. MAINTENANCE ______
6. MEDICAL AND ALLIED HEALTH ______
7. MEDICAL RECORDS ______
8. NURSING ______
9. RECREATION ______
10. REHABILITATION SERVICES ______
11. SOCIAL SERVICES ______
12. OTHER: ______________ ______________

TOTAL NUMBER OF WEEKS SPENT IN ADMINISTRATOR IN TRAINING PROGRAM:

I, ______________________________________________ ,
NAME OF PRECEPTOR

HEREBY CERTIFY THAT THE ADMINISTRATOR IN TRAINING WHOSE SIGNATURE APPEARS BELOW HAS SATISFACTORILY COMPLETED THIS INTERNSHIP UNDER MY PERSONAL SUPERVISION. (PLEASE ATTACH ANY NARRATIVE OR EVALUATION OF SUITABILITY FOR LICENSURE AS A NURSING HOME ADMINISTRATOR YOU MAY HAVE AVAILABLE.)

_______________________________________________
PRECEPTOR SIGNATURE DATE LICENSE NUMBER STATE

_______________________________________________
ADMINISTRATOR IN TRAINING SIGNATURE DATE

## AFFIDAVIT OF PRECEPTOR:

STATE OF: ______________________ ) SS.

COUNTY OF: ______________________ )

PRINT OR TYPE NAME OF PRECEPTOR

BEING DULY SWORN SAYS THAT HE/SHE IS THE PERSON REFERRED TO IN THE ABOVE CERTIFICATION OF ADMINISTRATOR IN TRAINING PROGRAM AND THAT THE CERTIFICATIONS LISTED HEREIN ARE EACH AND ALL STRICTLY TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.

SWORN TO BEFORE ME THIS ______________ DAY OF ______________________ 20 __________ .

_______________________________________________
NOTARY PUBLIC MY COMMISSION EXPIRES

 Revised 5/2006