

Alabama Board of Examiners of Assisted Living Administrators
60 Commerce Street Suite 1440 - Montgomery, AL 36104
Phone - (334) 239-7044

Board Approved Internship - 240 HOUR

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

NAME OF Applicant: _____ Date _____
(Title) (Last) (First) (Middle)

Applicants Phone #: _____ Cell: _____

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

Proposed Internship Beginning Date: _____ Proposed date of Completion: _____

RESIDENT CARE AND QUALITY OF LIFE: TOTAL HOURS 105

Topics in this area should include nursing services, social services, food service, medical services, therapeutic services, recreational and activity programs, medical records, pharmaceutical program and rehabilitation services.

NURSING	<u>24</u>	SOCIAL SERVICES	<u>9</u>
DIETARY	<u>20</u>	RECREATION/VOLUNTEERS	<u>15</u>
MEDICAL RECORDS	<u>17</u>	REHABILITATION SERVICES	<u>4</u>
PHARMACEUTICAL PROGRAM	<u>16</u>		

HUMAN RESOURCES: TOTAL HOURS 28

Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.

ADMINISTRATION 28

FINANCE: TOTAL HOURS 26

Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.

BUSINESS 26

LIFE SAFETY & PHYSICAL PLANT: TOTAL HOURS 37

Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.

HOUSEKEEPING/LAUNDRY 15 MAINTENANCE 22

LEADERSHIP AND MANAGEMENT: TOTAL HOURS 44

Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, survey, certification, enforcement, quality improvement models and management information systems.

TOTAL NUMBER OF HOURS IN INTERNSHIP: 240

****You must submit a letter of intent to the BOEALA before you start your internship.****

****These Internship Hours are subject to change based on your employment background****

Signature of Applicant

Date

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Application for Preceptor

(Preceptors MUST have 3 years full time experience as a Licensed Assisted Living Administrator)

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

NAME OF Preceptor: _____ Date _____
(Title) (Last) (First) (Middle)

ALA License #: _____ Date of Issuance: _____ Expiration Date: _____

DATE OF BIRTH: _____
(Month) (Day) (Year)

ADDRESS: _____
(Please give current home address)

Business TELEPHONE: _____ CELL: _____

Have you had any disciplinary action taken against any professional license you hold? NO YES

During the last year, 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:

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

_____;
(Title) (Number) (State)

NOT APPLICABLE

Please list the names, addresses and dates of employment of the facilities in which you have been in direct management control over the last three years. Please also list the most recent survey and score for each facility. *Please list current facilities first.*

Is the facility you are currently employed with an ALF or SCALF or Both? _____

I _____ hereby certify that all the information listed on this application are true and correct to the best of my knowledge and belief.

Signature of Preceptor

Sworn to and subscribed before me this _____ day
of _____, _____.

Notary Public

My commission expires _____.

STATE OF _____)

COUNTY OF _____)

TO BE COMPLETED BY THE PRECEPTOR:

I certify that the applicant whose signature appears below has agreed to complete this Board Approved Internship of _____ 240 hours under my personal supervision.

(Signature of Preceptor)

ALA License # _____
Expiration Date _____

(Signature of Applicant)

By initialing, you agree to the following:

_____ *Preceptor Initials* _____ *Applicant Initials*

The Board requires you to submit a monthly progress report to include the hours worked in each category and a brief description of duties completed. The report needs to be signed by the applicant and the Preceptor. This progress report will need to be mailed to the BOEALA by the 30th of each month until the 240 hours have been completed.

The Board of Directors MUST approve internships before they are started.