

Licensure Unit
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**MONTHLY TRAINING REPORT FORM
 NURSING HOME
 ADMINISTRATOR-IN-TRAINING OR
 MENTORING PROGRAM**

Check type of program below:

- Administrator-in-Training
 Mentoring Program

SECTION A: NAME & ADDRESS INFORMATION			
1	Name of Trainee		
2	Name of Nursing Home Where Training is Being Completed:		
3	Nursing Home Address:	Street/PO/Route:	
		City:	State: Zip:

➔ RECORD OF TRAINING COMPLETED FOR THIS REPORT:

FROM _____ TO _____
 (Month / Day / Year) (Month / Day / Year)

HOURS WORKED PER WEEK: _____

TOTAL HOURS WORKED IN THIS REPORTING PERIOD: _____

➔ THE FOLLOWING MUST BE SIGNED BY THE CERTIFIED PRECEPTOR AND THE TRAINEE:

I hereby state that the foregoing record of training indicates the true record for the above named trainee.

Signature of Trainee	Signature of Certified Preceptor
Date	Date

NOTE: Monthly reports must be submitted to the Licensure Unit by the 5th of each month.

Mentoring Program means completion of at least 640 hours of training and experience, which must be completed in not less than 4 calendar months, and must be at least 20 hours per week. The program must occur in a Nebraska licensed home for the aged or infirm or nursing home, under the supervision of a Nebraska certified preceptor. The certified preceptor in a mentoring program need not be at such facility during the period of such supervision but must be available to assist with questions or problems as needed. The supervisor must meet with the person being supervised in a mentoring program at least 1 time per month at the facility where the training is occurring. A person in a mentoring program may apply for a provisional license.

Administrator-in-Training Program means completion of at least 640 hours of training and experience, which must be completed in not less than 4 calendar months, and must be at least 20 hours per week. The training and experience must occur in a Nebraska licensed home for the aged or infirm or nursing home, under the direct supervision of a Nebraska certified preceptor.

Submit to the Licensure Unit by the 5th of each month, the month/day/year the training which was completed for each of the following areas. Completed dates need only be submitted one time.

	Training Area	Date Completed
1	Leadership and Management	
2	Nutritional Services	
3	Environmental Services	
4	Nursing and Restorative Services	
5	Medical and Allied Health	
6	Medical Records and Health Information Systems Activities	
7	Activities	
8	Social Services and Admissions	
9	Therapy Services	
10	Human Resources	
11	Financial Management	
12	Rules, Regulations, and Standards	