**(ON FACILITY LETTERHEAD)**

**Nursing Home Administrator Licensure Application**

**Addendum A**

**MODULE TRAINING SUMMARY**

**Intern Name**:

**Preceptor Name**:

**Trainer Name**:

**Module**:

**Trainer Report**

*Provide a concise narrative on the learning activities completed by the intern and the intern's progress, experiences and accomplishments throughout the Module.*

**Intern Report**

*Provide a concise narrative on the intern's learning experience throughout the Module.*

**Preceptor Report**

*Provide a concise narrative regarding the intern's progress in meeting established goals and objectives for the Module and identifying any additional professional development opportunities.*

**►►In preparing Module Training Summaries, do not modify this format.**

**Attach additional pages, as necessary.◄◄**

**If you have questions, please contact:**

**profcred@health.ny.gov**