

**Alabama Board of Examiners of Assisted Living Administrators**  
**5921 Carmichael Road, Montgomery, Alabama 36106**  
**(334) 271-2418**

**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)

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>27</u>	SOCIAL SERVICES	<u>9</u>
DIETARY	<u>20</u>	RECREATION/VOLUNTEERS	<u>15</u>
MEDICAL RECORDS	<u>10</u>	REHABILITATION SERVICES	<u>4</u>
PHARMACEUTICAL PROGRAM	<u>20</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**

***TO BE COMPLETED BY THE SUPERVISING LICENSED ASSISTED LIVING ADMINISTRATOR:***

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)

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