

Alabama Board of Examiners of Nursing Home Administrators
4156 Carmichael Road, Montgomery, Alabama 36106
(334) 271-2342

AIT PROGRAM OUTLINE - 200 HOUR

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

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

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

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

CARE, SUPPORTS, AND SERVICES: (A minimum of 88 hours) TOTAL HOURS _____

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 _____ SOCIAL SERVICES _____
DIETARY _____ RECREATION/VOLUNTEERS _____
MEDICAL RECORDS _____ REHABILITATION SERVICES _____
MEDICAL/ALLIED HEALTH _____ PHARMACEUTICAL PROGRAM _____

OPERATIONS: (A minimum of 54 hours) TOTAL HOURS _____

Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, employee retention, accounting, budgeting, financial planning and asset managing, auditing, organizational structures, leadership principles, mission, vision and value statements, strategic planning, government relations and advocacy, and public relations.

ADMINISTRATION _____ BUSINESS _____

ENVIRONMENT AND QUALITY: (A minimum of 52 hours) TOTAL HOURS _____

Topics in this area should include safety procedures, fire, disaster and emergency programs, building and environmental management, compliance with laws and regulations and governing entities, risk management, communication, survey, certification, enforcement, quality improvement models and management information systems.

HOUSEKEEPING/LAUNDRY _____ MAINTENANCE _____

OTHER (6 hours): _____ TOTAL HOURS _____

TOTAL NUMBER OF HOURS IN AIT TRAINING PROGRAM _____

TO BE COMPLETED BY THE SUPERVISING LICENSED NURSING HOME ADMINISTRATOR:

I certify that the AIT whose signature appears below has agreed to complete this AIT program of _____ hours under my personal supervision.

(Signature of Preceptor)

AL NHA License # _____

(Signature of AIT)