

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

**Application for Administrator-In-Training**

Please print clearly or type all answers. If there is no sufficient space, use additional sheets and number accordingly. A copy of your AIT program, A copy of your Preceptor's application and certificate, A copy of the Application for facility training site, A copy of your college degree, and the required fee (see fee schedule), made payable to the AL BOE of Nursing Home Administrators, must be submitted with this application. **Your application will not be considered complete and therefore will not be reviewed unless all of the above have been received.**

I hereby make application for Administrator-in-Training in the State of Alabama.

E-Mail Address \_\_\_\_\_ Date: \_\_\_\_\_

1. Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

2. Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

4. Telephone Number: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

6. Are you a citizen of the United States? Yes  No  Country \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_

8. Education: (a) Please circle the highest grade completed: 6 7 8 9 10 11 12

(b) Did you graduate? Yes  No  Date of Graduation \_\_\_\_\_

(c) Name of High School \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

(d) Name of College or University \_\_\_\_\_

Address \_\_\_\_\_

(e) Degree \_\_\_\_\_

(f) Major undergraduate subjects: \_\_\_\_\_

\_\_\_\_\_

(g) Major graduate university subjects: \_\_\_\_\_

\_\_\_\_\_

(h) Other educational training: Name \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

Certificate Received: Yes  No

Subjects: \_\_\_\_\_

\_\_\_\_\_

9. Professional Certificates and/or licenses held. (Include such items as fellowships in American College of Hospital Administrators and American College of Health Care Administrators, MD, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each certificate or license you hold or have ever held).

Type of certificate or license	Name of State or other authority	Year of Original issue	Year of Latest issue	Current or Latest registration number
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you ever been convicted of a felony? Yes  No

11. Have you ever been treated for illness caused by excessive use of alcohol or narcotics? Yes  No

12. Have you **applied** for licensure by examination in any state or states for license as a nursing home administrator? Yes  No  State(s) \_\_\_\_\_

13. Have you ever had a certificate or other professional license revoked or suspended?  
Yes  No  If yes, attach an explanation, relevant documents and a description of the current status.

14. Are you currently registered as a nursing home administrator in any other state?  
Yes  No

**Affidavit of Applicant**

\_\_\_\_\_, on oath, do promise and swear that, if my application is accepted, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that, if I should fail to keep the above agreement or if I have made any false statements in this application, I may not be able to obtain an Alabama Nursing Home Administrators License.

I further state that all the statements are made by me in this application are true and correct.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public