

**Alabama Board of Examiners of Nursing Home Administrators**  
**4156 Carmichael Road**  
**Montgomery, Alabama 36106**

**NOTICE OF INTENDED ACTION**

The Alabama Board of Examiners of Nursing Home Administrators intends to adopt amendments to its existing rules and regulations as follows:

**Agency Name:** Alabama Board of Examiners of Nursing Home Administrators

**Rule No. & Title:** Appendix A Form 4 – Application for Renewal of NHA License  
Appendix A Form 7 – Application for Administrator-In-Training  
Appendix A Form 10 – AIT Program Outline – 1000 hour  
Appendix A Form 11 – AIT Program Outline – 2000 hour  
Appendix A Form 12 – Certification of Program Completion – 1000 hour Program  
Appendix A Form 13 – Certification of Program Completion – 2000 hour Program  
Appendix A Form 18 – AIT Program Outline – 200 hour  
Appendix A Form 19 – Certification of Program Completion – 200 hour Program  
Appendix A Form 20 – AIT Program Outline – 500 hour  
Appendix A Form 21 – Certification of Program Completion – 500 hour Program

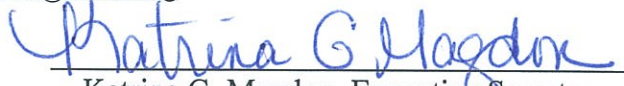
**Intended Action:** The Alabama Board of Examiners of Nursing Home Administrators proposes to amend the following forms contained in Appendix A: Application for Renewal of NHA; Application for Administrator-In-Training; AIT Program Outlines 200 hour, 500 hour, 1000 hour, 2000 hour; and, Certification for Program Completion 200 hour, 500 hour, 1000 hour, and 2000 hour Programs.

**Substance of Proposed Action:** The Board is proposing to update AIT Program Outline and Completion forms to conform with the updated domains of practice for the National Nursing Home Administrators Examination, no longer require a notarized signature on the NHA renewal form and to add an email address to the AIT Application.

**Time, Place, Manner of Presenting Views:** Interested persons may present their views orally or in writing to the Executive Secretary of the Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama 36106. Requests for copies of the proposed amendments should be addressed to Katrina G. Magdon, Executive Secretary (334) 271-2342 or can be viewed on the Board web site at [www.alboenha.alabama.gov](http://www.alboenha.alabama.gov).

**Final Date for Comment and Completion of Notice:** Deadline for comments or a request for a hearing is January 4, 2022.

**Contact Person at Agency:** Katrina G. Magdon, Executive Secretary, Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama, 36106, (334) 271-2342, [kmagdon@anha.org](mailto:kmagdon@anha.org).

  
Katrina G. Magdon, Executive Secretary

Author: Lana Davis, Chairman Statutory Authority: Code of Ala. 1975, §34-20-13. History: Amended: Filed January 16, 2001; effective February 20, 2001. Amended: Filed August 8, 2011; effective September 12, 2011. Amended: Filed March 13, 2012; effective April 17, 2012. Amended: Filed June 15, 2016; effective July 30, 2016. Amended: Filed November 5, 2021.

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.***

(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

Author: Lana Davis. Statutory Authority: Code of Ala. 1975, §34-20-9. History: Amended: Filed January 16, 2001; effective February 20, 2001. Amended: Filed November 5, 2021.

NAME OF AIT: \_\_\_\_\_ Date \_\_\_\_\_

(Title) (Last) (First) (Middle)

Author: Lana Davis, Chairman Statutory Authority: Code of Ala. 1975, §34-20-9. History: Amended: January 16, 2001; effective February 20, 2001. Amended: September 11, 2003; effective October 16, 2003 Amended: Filed April 12, 2017; effective October 1, 2017. Amended: Filed November 5, 2021.

Author: Lana Davis, Chairman Statutory Authority: Code of Ala. 1975, §34-20-9. History: Amended: January 16, 2001; effective February 20, 2001. Amended: September 11, 2003; effective October 16, 2003; Amended: Filed April 12, 2017; effective October 1, 2017. Amended: Filed November 5, 2021.

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**CERTIFICATION OF PROGRAM COMPLETION - 1000 HOUR PROGRAM**

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

NAME: \_\_\_\_\_ Date \_\_\_\_\_  
                   (Title)                    (Last)                    (First)                    (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE PROGRAM BEGAN: \_\_\_\_\_ DATE PROGRAM COMPLETED: \_\_\_\_\_

**CUSTOMER CARE, SUPPORTS, AND SERVICES: (A minimum of 440 330 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.*

**OPERATIONS HUMAN RESOURCES: (A minimum of 270 135 hours) TOTAL HOURS \_\_\_\_\_**  
*Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.*

**FINANCE: (A minimum of 135 hours) TOTAL HOURS \_\_\_\_\_**  
*Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.*

**ENVIRONMENT AND QUALITY: (A minimum of 260 125 hours) TOTAL HOURS \_\_\_\_\_**  
*Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.*

**LEADERSHIP AND MANAGEMENT: (A minimum of 245 hours) TOTAL HOURS \_\_\_\_\_**  
*Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, residents' rights, and community services.*

**OTHER (30 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 satisfactorily completed this AIT program of \_\_\_\_\_ hours under my personal supervision.

Narrative evaluation of suitability for licensure as a nursing home administrator:

\_\_\_\_\_  
 (Signature of Preceptor)

AL NHA License # \_\_\_\_\_

\_\_\_\_\_  
 (Signature of AIT)

Author: Lana Davis, Chairman Statutory Authority: Code of Ala. 1975, §34-20-9. History: Amended: January 16, 2001; effective February 20, 2001. Amended: September 11, 2003; effective October 16, 2003. Amended: Filed April 12, 2017; effective October 1, 2017. Amended: Filed November 5, 2021.



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**CERTIFICATION OF PROGRAM COMPLETION - 2000 HOUR PROGRAM**

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

NAME: \_\_\_\_\_ Date \_\_\_\_\_  
                     (Title)                      (Last)                      (First)                      (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE PROGRAM BEGAN: \_\_\_\_\_ DATE PROGRAM COMPLETED: \_\_\_\_\_

**~~CUSTOMER CARE, SUPPORTS, AND SERVICES: (A minimum of 880 660 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.*

**~~OPERATIONS HUMAN RESOURCES: (A minimum of 540 270 hours) TOTAL HOURS~~** \_\_\_\_\_  
*Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.*

**~~FINANCE: (A minimum of 270 hours) TOTAL HOURS~~** \_\_\_\_\_  
*Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.*

**~~ENVIRONMENT AND QUALITY: (A minimum of 520 250 hours) TOTAL HOURS~~** \_\_\_\_\_  
*Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.*

**~~LEADERSHIP AND MANAGEMENT: (A minimum of 490 hours) TOTAL HOURS~~** \_\_\_\_\_  
*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.*

**OTHER (60 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 satisfactorily completed this AIT program of \_\_\_\_\_ hours under my personal supervision.

Narrative evaluation of suitability for licensure as a nursing home administrator:

\_\_\_\_\_  
 (Signature of Preceptor)

AL NHA License # \_\_\_\_\_

\_\_\_\_\_  
 (Signature of AIT)



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**CERTIFICATION OF PROGRAM COMPLETION - 200 HOUR PROGRAM**

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

NAME: \_\_\_\_\_ Date \_\_\_\_\_  
                     (Title)                      (Last)                      (First)                      (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE PROGRAM BEGAN: \_\_\_\_\_ DATE PROGRAM COMPLETED: \_\_\_\_\_

**~~CUSTOMER CARE, SUPPORTS, AND SERVICES: (A minimum of 88 66 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.~~*

**~~OPERATIONS HUMAN RESOURCES: (A minimum of 54 27 hours) TOTAL HOURS \_\_\_\_\_~~**  
*~~Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.~~*

**~~FINANCE: (A minimum of 27 hours) TOTAL HOURS \_\_\_\_\_~~**  
*~~Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.~~*

**~~ENVIRONMENT AND QUALITY PHYSICAL ENVIRONMENT AND ATMOSPHERE: (A minimum of 52 25 hours) TOTAL HOURS \_\_\_\_\_~~**  
*~~Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.~~*

**~~LEADERSHIP AND MANAGEMENT: (A minimum of 49 hours) TOTAL HOURS \_\_\_\_\_~~**  
*~~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.~~*

**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 satisfactorily completed this AIT program of hours under my personal supervision.

Narrative evaluation of suitability for licensure as a nursing home administrator:

\_\_\_\_\_  
 (Signature of Preceptor)

AL NHA License # \_\_\_\_\_

\_\_\_\_\_  
 (Signature of AIT)



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**CERTIFICATION OF PROGRAM COMPLETION - 500 HOUR PROGRAM**

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

NAME: \_\_\_\_\_ Date \_\_\_\_\_  
                     (Title)                      (Last)                      (First)                      (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE PROGRAM BEGAN: \_\_\_\_\_ DATE PROGRAM COMPLETED: \_\_\_\_\_

**~~CUSTOMER CARE, SUPPORTS, AND SERVICES: (A minimum of 220 165 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.~~*

**~~OPERATIONS HUMAN RESOURCES: (A minimum of 135 68 hours) TOTAL HOURS~~** \_\_\_\_\_  
*~~Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.~~*

**~~FINANCE: (A minimum of 68 hours) TOTAL HOURS~~** \_\_\_\_\_  
*~~Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.~~*

**~~ENVIRONMENT AND QUALITY: (A minimum of 130 63 hours) TOTAL HOURS~~** \_\_\_\_\_  
*~~Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.~~*

**~~LEADERSHIP AND MANAGEMENT: (A minimum of 123 hours) TOTAL HOURS~~** \_\_\_\_\_  
*~~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.~~*

**OTHER (15 13 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 satisfactorily completed this AIT program of hours under my personal supervision.

Narrative evaluation of suitability for licensure as a nursing home administrator:

\_\_\_\_\_  
 (Signature of Preceptor)

AL NHA License # \_\_\_\_\_

\_\_\_\_\_  
 (Signature of AIT)

Author: Lana Davis, Chairman Statutory Authority: Code of Ala. 1975, §34-20-9. History: New Form: January 16, 2001; effective February 20, 2001. Amended: September 11, 2003; effective October 16, 2003; Amended: Filed April 12, 2017; effective October 1, 2017. Amended: Filed November 5, 2021.