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.

<u>Substance of Proposed Action:</u> 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.

<u>Time, Place, Manner of Presenting Views:</u> 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.

<u>Final Date for Comment and Completion of Notice:</u> 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.

Katrina G. Magdon, Executive Secretary

Application for Renewal of NHA License

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly). NHA License # _____ E-mail address _____ Date ____ Last Four Digits Social Security # In accordance with Act No. 986, Regular Session, 1969, I hereby make application for renewal of my license as a nursing home administrator with the Alabama Board of Examiners of Nursing Home Administrators. NAME: _ (Title) (Last) (First) (Middle) ADDRESS: (Street) _____(City) ____ (State) _____ (Zip Code) ______

Please give current home address NAME OF FACILITY OR BUSINESS: _____ TELEPHONE: (Home) _____ (Business) ____ During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation): entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately? No 0 Yes If yes, attach copy of relevant documents. In addition to this license, I hold the following other professional licenses: License: (Title) (Number) (State) (Number) (Title) (State) Not Applicable 0 **Affidavit of Applicant** I hereby certify that the _____ (total hours) continuing education hours listed on this application are true and correct to the best of my knowledge and belief. In witness whereof, I set my hand and seal-this _____day of _____ (Signature of Applicant) Sworn to and Subscribed before me this _____ day of _____ (Notary Public) My Commission Expires _____ County of _____ State of _____ 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.

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.

<u> </u>	Mail Address				Da	te:	
l .	Name:	(Last)	(First)	(Middle)		(Maiden)	
2.	Home Addres	s:(S	treet)		(City)	(State)	(Zip)
3.	Business Add	lress:(S	treet)		(City)	(State)	(Zip)
1.	Telephone Nu	ımber: (Ho	ome)		(Busine	ss)	
5 .	Date of Birth:	(Month)	(Day) (Year)	Plac	e of Birth:		
5.	Are you a citi	zen of the	United States	s? Yes o	No o	Country	
7.	Social Securi	ty Number	•				
3.	Education: (a	a) Please o	circle the high	nest grade con	mpleted: 6	7 8 9 10	0 11 12
	(1	b) Did you	ı graduate?	Yes o No	O Date of (3raduation _	
	(0	c) Name o	f High School				
		Addres	ss: (Street)		(City)	(State)	(Zip)

(d)	Name of College	or University			
	Address				
(e)					
		luate subjects:			
(g)		university subjec			
(h)	Other education	nal training: Nam	ne		
	Address:				
	(Stre	eet)	(City)	(State)	(Zip)
	Dates attended	d: From		_ То	
	Certificate Rec	eived: Yes oNo	0		
	Subjects:				
9. Professional Ce American College of Administrators, M information for eac Type of certificate or license	of Hospital Admi D, RN, LPN, CPA ch certificate or l	nistrators and An , etc. Do not incl icense you hold o	nerican College ude academic or r have ever hel	of Health degrees. (d).	Care
10. Have you ever	been convicted	of a felony? Yes	s oNo o		
11. Have you ever Yes oNo o	been treated for	illness caused by	excessive use	of alcohol	or narcotics?
12. Have you app nursing home adm					license as a

- 13. Have you ever had a certificate or other professional license revoked or suspended?

 Yes o No o 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 oNo o

______, 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

Affidavit of Applicant

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	

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 $(\mathcal{C}_{\mathcal{C}_{\mathbf{k}}}(x)_{1}, \mathcal{C}_{\mathbf{k}}(x)_{1}, \dots, \mathcal{C}_{\mathbf{k}}(x)_{n}) = (\mathcal{C}_{\mathbf{k}}(x)_{1}, \dots, \mathcal{C}_{\mathbf{k}}(x)_{n})$

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.

(Signature of AIT)

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

AIT PROGRAM OUTLINE - 1000 HOUR

space, use additional sheets and number accordingly).
Date
CE:
FAX:
Proposed date of Completion:
ES: (A minimum of <u>440</u> 330 hours) TOTAL HOURS _es, food service, medical services, therapeutic services, recreational and rehabilitation services.
SOCIAL SERVICES
RECREATION/VOLUNTEERS
REHABILITATION SERVICES
PHARMACEUTICAL PROGRAM
num of 270 135 hours) TOTAL HOURS
BUSINESS
OURS ial-planning and asset managing, and auditing-
of 260 125 hours) TOTAL HOURS er and emergency programs, and building and environmental eng entities, risk management, communication, survey, certification, emation systems.
MAINTENANCE
um-of 245 hours) TOTAL HOURS ulations and governing entities, risk management, communication, and management information systems.
TOTAL HOURS
G PROGRAM
NURSING HOME ADMINISTRATOR:
to complete this AIT program of hours under my personal
(Signature of Preceptor)
AL NHA License #

AIT PROGRAM OUTLINE - 2000 HOUR

(Please print clearly or type all answers - if there is not suff	icient space, use additional sheets and number accordingly).
NAME OF AIT: (Title) (Last) (First)	Date
	(Middle) PLACE:
ADDRESS:	
TELEPHONE:	
	Proposed date of Completion:
CUSTOMER-CARE, SUPPORTS, AND SERV Topics in this area should include nursing services, social s and activity programs, medical records, pharmaceutical pr	VICES: (A minimum of <u>880</u> 660 hours) TOTAL HOURS _services, food service, medical services, therapeutic services, recreational ogram and rehabilitation services.
NURSING	SOCIAL SERVICES
DIETARY	RECREATION/VOLUNTEERS
MEDICAL RECORDS	REHABILITATION SERVICES
MEDICAL/ALLIED HEALTH	PHARMACEUTICAL PROGRAM
structures, leadership principles, mission, vision and value public relations.	sting, financial planning and asset managing, auditing, organizational statements, strategic planning, government relations and advocacy, and
ADMINISTRATION	BUSINESS
FINANCE: (A minimum of 270 hours) TOTA Topics in this area should include accounting, budgeting, fi	
BUSINESS	
ENVIRONMENT AND QUALITY: (A minimage to this area should include safety procedures, fire, a management, compliance with laws and regulations and goenforcement, quality improvement models and management	lisaster and emergency programs, and building and environmental overning entities, risk management, communication, survey, certification,
HOUSEKEEPING/LAUNDRY	MAINTENANCE
LEADERSHIP AND MANAGEMENT: (A mit Topics-in-this-area should include-compliance with laws-an survey, certification, enforcement, quality improvement mo	d regulations and governing entities, risk-management, communication,
OTHER (60 hours):	TOTAL HOURS
TOTAL NUMBER OF HOURS IN AIT TRAI	NING PROGRAM
TO BE COMPLETED BY THE SUPERVISING LICENS	SED NURSING HOME ADMINISTRATOR:
I certify that the AIT whose signature appears below has ag supervision.	reed to complete this AIT program of hours under my personal
	(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.

CERTIFICATION OF PROGRAM COMPLETION - 1000 HOUR PROGRAM

		-	•	use additional sheets and nur	37/
NAME:	(Title)	(Last)	(First)	Date (Middle)	
				FAX:	
DATE I				AM COMPLETED:	······
CUST Topics i	OMER CAF	RE, SUPPORTS	S, AND SERVICES: (A	minimum of <u>440</u> 330 l d service, medical services, th	nours) TOTAL HOURS
Topics i	n this area shou	JMAN RESOU Id include recruitm ployee retention.	PRCES: (A minimum o nent, interviewing, employee	f <u>270</u> 135 hours) TOTA selection, training, personnel	AL HOURS
FINAI Topics i	NCE: (A-min	timum of 135-h	ours) TOTAL HOUR	S min g and asset managing, an	d auditing.
ENVI) Topics-i manage	n -this area shou	AND QUALIT ld-include safety pr	Y: (A minimum of <u>260</u> Y: (A minimum of and disaster and	125 hours) TOTAL H	OURSilding and environmental
Topics i	n this area shou	ID MANAGEN Id-include complia mmunity services.	IENT: (A-minimum of nee-with laws and regulation	245 hours) TOTAL H s and governing entities, risk	OURS
OTHE	R (30 hours);		TOTAI	HOURS
TOT	AL NUMB	ER OF HOU	RS IN AIT TRAIN	ING PROGRAM _	
TO BE	COMPLETED	BY THE SUPERV	ISING LICENSED NURSI	NG HOME ADMINISTRAT	OR:
		Γ whose signatu sonal supervisio		isfactorily completed thi	s AIT program of
Narrati	ve evaluation	of suitability fo	or licensure as a nursing	home administrator:	
				(Sig	gnature of Preceptor)
				AL NHA Licens	e#
	(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.

CERTIFICATION OF PROGRAM COMPLETION - 2000 HOUR PROGRAM

(Please print clearly o	or type all answers - if	there is not sufficient space	e, use additional sheets and number accordingly).
NAME:		(First)	Date
(Title)	(Last)	(First)	(Middle)
NAME OF FACILIT	Y WHERE TRAININ	IG IS TAKING PLACE: $_$	
ADDRESS:			
TELEPHON	IE:	TO THE PARTY OF TH	FAX:
DATE PROGRAM B	BEGAN:	DATE PROGR	RAM COMPLETED:
Topics in this area sh	ould include nursing :	5, AND SERVICES: (, services, social services, footarmaceutical program and	A minimum of <u>880</u> 660 hours) TOTAL HOURS od service, medical services, therapeutic services, recreation rehabilitation services.
OPERATIONS H Topics in this area sh safety program, and e	ould include recruitm	RCES: (A minimum ent, interviewing, employee	of <u>540</u> 270 hours) TOTAL HOURS
FINANCE: (A-m Topics-in-this area sh	inimum of 270 ho	ours) TOTAL HOUR ing, budgeting, financial pla	RSanning and asset managing, and auditing.
ENVIRONMENT Topics in this-area-shi management.	Γ <u>AND QUALIT</u> ould include safety pr	$\underline{\mathbf{Y}}$: (A minimum of $\underline{52}$ ocedures, fire, disaster and	<u>0</u> 250 hours) TOTAL HOURSlemergency programs, and building and environmental
Topics in this area sh	ould include compliai	nee with laws-and-regulatio	of 490 hours) TOTAL HOURSons and governing entities, risk-management, communication anagement-information systems.
OTHER (60 hour	rs):		TOTAL HOURS
			NING PROGRAM
TO BE COMPLETE	D BY THE SUPERV	ISING LICENSED NURS	SING HOME ADMINISTRATOR:
I certify that the A hours under my pe	IT whose signaturersonal supervision	re appears below has sa n.	atisfactorily completed this AIT program of
Narrative evaluation	on of suitability fo	or licensure as a nursing	g home administrator:
			(Signature of Preceptor)
	4 - 4412		AL NHA License #
(Signatu	re 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.

AIT PROGRAM OUTLINE - 200 HOUR

(Please print clearly or type all an	swers - if there is not sufficient	space, use additional sheets and number accordingly).
NAME OF AIT:	(First)	Date
		E:
Proposed AIT Beginning Da	nte: F	Proposed date of Completion:
CUSTOMER-CARE, SUP Topics in this area should include and activity programs, medical re	nursing services, social service	S: (A minimum of <u>88</u> 66 hours) TOTAL HOURS us, food service, medical services, therapeutic services, recreational and rehabilitation services.
NURSING		SOCIAL SERVICES
DIETARY		RECREATION/VOLUNTEERS
MEDICAL RECORDS		REHABILITATION SERVICES
MEDICAL/ALLIED HEALTH		PHARMACEUTICAL PROGRAM
Topics in this area should include safety program, and employee ret	recruitment, interviewing, emp ention, <u>accounting, budgeting, f</u>	um of 54 27 hours) TOTAL HOURS
ADMINISTRATION		BUSINESS
FINANCE: (A minimum o Topics in this area should include	f 27-hours) TOTAL HO	URSal-planning and asset-managing, and auditing.
BUSINESS		
Topics in this area should include	safety procedures, fire, disaster vs and regulations and governin	f 52 25 hours) TOTAL HOURS r and emergency programs, and-building and environmental ag entities, risk management, communication, survey, certification, mation systems.
HOUSEKEEPING/LAUNDRY		MAINTENANCE
Topies in this area should include survey, certification, enforcement,	-eom pliance with laws and regu - quality improvement-models ar	m of 49 hours) TOTAL HOURS————————————————————————————————————
OTHER (6 hours):		TOTAL HOURS
TOTAL NUMBER OF HO	OURS IN AIT TRAINING	G PROGRAM
TO BE COMPLETED BY THE S	SUPERVISING LICENSED N	URSING HOME ADMINISTRATOR:
I certify that the AIT whose signat supervision.	ture appears below has agreed to	o complete this AIT program of hours under my personal
		(Signature of Preceptor)
en e	•	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.

CERTIFICATION OF PROGRAM COMPLETION - 200 HOUR PROGRAM

(Please print clearly of	or type all answers - if	there is not sufficient space	e, use additional sheets and number accordingly).
NAME:		(First)	Date
(Title)	(Last)	(First)	(Middle)
NAME OF FACILIT	Y WHERE TRAININ	IG IS TAKING PLACE: $_$,
ADDRESS:		*********	
TELEPHON	IE:		FAX:
DATE PROGRAM E	BEGAN:	DATE PROGR	AM COMPLETED:
Topics in this area sh	ould include nursing-	S, AND SERVICES: (Aservices, social services, foc sarmaceutical program and	A minimum of <u>88</u> 66 hours) TOTAL HOURS
OPERATIONS I Topics in this area sh safety program, and c	ould-include recruitm	RCES: (A minimum of the control of t	of 54 27 hours) TOTAL HOURS
FINANCE: (A m Topics in this area sh	i <mark>nimum of 27 ho</mark> ould include accounti	urs) TOTAL HOURS ing, budgeting, financial pla	S nnning and asset managing, and auditing.
of <u>52</u> 25 hours)	TOTAL HOURS		RONMENT AND ATMOSPHERE: (A minimum demergency programs, and building and environmental
Topics in this area sh	ould include complia	nee with laws and regulation	f 49 hours) TOTAL HOURSns and governing entities, risk management, communication, anagement information systems.
OTHER (6 hours	s):		TOTAL HOURS
TOTAL NUM	BER OF HOU	RS IN AIT TRAIN	NING PROGRAM
TO BE COMPLETE	D BY THE SUPERV	ISING LICENSED NURS	ING HOME ADMINISTRATOR:
I certify that the A hours under my pe	AIT whose signaturersonal supervision	re appears below has sa n.	atisfactorily completed this AIT program of
Narrative evaluati	on of suitability fo	or licensure as a nursing	g home administrator:
			(Signature of Preceptor)
			AL NHA License #
(Signatu	re of AIT)	- 17-11-11-11-11-11-11-11-11-11-11-11-11-1	

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: File April 12, 2017; effective October 1, 20171 Amended: November 5, 2021.

(Signature of AIT)

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

AIT PROGRAM OUTLINE - 500 HOUR

(Please print clearly or type all answers - if there is not sur	fficient space, use additional sheets and number accordingly).
NAME OF AIT:	st) Date
	PLACE:
ADDRESS:	•
TELEPHONE:	
Proposed AIT Beginning Date:	Proposed date of Completion:
CUSTOMER-CARE, SUPPORTS, AND SER Topics in this area should include nursing services, social and activity programs, medical records, pharmaceutical p	VICES: (A minimum of <u>220</u> 165 hours) TOTAL HOURS services, food service, medical services, therapeutic services, recreational program and rehabilitation services.
NURSING	SOCIAL SERVICES
DIETARY	RECREATION/VOLUNTEERS
MEDICAL RECORDS	REHABILITATION SERVICES
MEDICAL/ALLIED HEALTH	PHARMACEUTICAL PROGRAM
safety program, and employee retention, accounting, budg	ng, employee selection, training, personnel policies, employee health and setting, financial planning and asset managing, auditing, organizational e statements, strategic planning, government relations and advocacy, and BUSINESS
FINANCE: (A minimum of 68 hours) TOTA Topics in this area should include accounting, budgeting,	
BUSINESS	
ENVIRONMENT AND QUALITY: (A minin Topics in this area should include safety procedures, fire, management, compliance with laws and regulations and genforcement, quality improvement models and management	disaster and emergency programs, and building and environmental toverning entities, risk management, communication, survey, certification.
HOUSEKEEPING/LAUNDRY	MAINTENANCE
LEADERSHIP AND MANAGEMENT: (A m Topics in this area-should include compliance with laws a survey, certification, enforcement, quality improvement may	nd regulations and governing entities, risk management, communication.
OTHER (<u>15</u> 13 hours):	TOTAL HOURS
TOTAL NUMBER OF HOURS IN AIT TRA	INING PROGRAM
TO BE COMPLETED BY THE SUPERVISING LICEN	SED NURSING HOME ADMINISTRATOR:
I certify that the AIT whose signature appears below has a supervision.	greed to complete this AIT program ofhours under my personal
	(Signature of Preceptor)
	AL NHA License #

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.

CERTIFICATION OF PROGRAM COMPLETION - 500 HOUR PROGRAM

(Please print clearly o	r type all answers - it	there is not sufficient space	e, use additional sheets and number accordingly).
NAME:	ma	(First)	Date
(Title)	(Last)	(First)	Date (Middle)
NAME OF FACILITY	Y WHERE TRAININ	NG IS TAKING PLACE: _	- International Control of the Contr
ADDRESS:		78 2000 A	
TELEPHON	E:	,	FAX:
DATE PROGRAM B	EGAN:	DATE PROGRAM COMPLETED:	
Topics in this area she and activity programs	ould include nursing , medical records, pl	services, social services, fo tarmaceutical program and	
OPERATIONS F Topics in this area sho safety program, and e	ould include recruitm	HCLS: (A minimum ient, interviewing, employe	of <u>135</u> 68 hours) TOTAL HOURS e selection, training, personnel policies, employee health and
FINANCE: (A-m Topics in this area she	inimum of 68 ho ould include account	urs) TOTAL HOUR ing, budgeting, financial pl	Sanning and asset managing, and auditing.
ENVIRONMENT Topics in this area sho management.	Γ <u>AND QUALIT</u> ould-include safety pr	Y: (A minimum of <u>13</u> cocedures, fire, disaster and	60 63 hours) TOTAL HOURS
Topics in this area she	ould include complia	nce with laws and regulation	of 123 hours) TOTAL HOURS ons and governing entities, risk management, communication nanagement information systems.
OTHER (<u>15</u> 13 h	ours):		TOTAL HOURS
TOTAL NUM	BER OF HOU	RS IN AIT TRAI	NING PROGRAM:
TO BE COMPLETE	D BY THE SUPERV	SING LICENSED NUR	SING HOME ADMINISTRATOR:
I certify that the A hours under my pe			atisfactorily completed this AIT program of
Narrative evaluation	on of suitability fo	or licensure as a nursin	g home administrator:
	·		
			(Signature of Preceptor)
			AL NHA License #
(Signatur	e 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.