



PART II – PROFESSIONAL BACKGROUND

If you answer "Yes" to any of the following questions, **attach an explanation, relevant documents and a description of the current status.** For the purpose of the following questions, the terms "license," "registration," and "certification" are synonymous.

Yes  No Have you been approved in the past as a Preceptor? If "Yes", please explain [Site, Date/s, etc.]

Yes  No Do you now hold, or have you ever held a professional license? If "Yes," have the State(s) or jurisdiction(s) provide official certification of the license directly to the Georgia Board's office.

License Title \_\_\_\_\_

State \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Title \_\_\_\_\_

State \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Yes  No Have you had revoked or suspended or otherwise sanctioned any license issued to you by any board or agency in Georgia or any other state?

Yes  No Were you denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license or the privilege of taking an examination by any state licensing board?

Yes  No Have you knowingly failed to renew a license during an investigation of disciplinary action?

Yes  No Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?

Yes  No To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?

Yes  No Have you been arrested, charged or sentenced for the commission of a felony or any crime involving moral turpitude?

Yes  No Are you currently **unable** to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

Yes  No Have you had any suit filed against you related to the practice of a profession?

Yes  No Have you ever had your Medicaid and/or Medicare privileges revoked or restricted?

Yes  No Have you ever been convicted of a felony or misdemeanor (other than a traffic violation), entered a plea of guilty or nolo contendere, or entered a plea under a first offender provision?

PART III - A.I.T. APPROVED SITE(S)

Please indicate the name of the facility (site) where you will be a preceptor in the first section below. Please indicate any other approved sites for which you have provided services as a preceptor.

**\*NOTE:** If the facility you are the NHA of Record is not already a Board approved training site, please be sure and submit the Application for AIT Training Site Approval.

**\*AIT SITE - NAME of SITE WHERE YOU ARE THE NHA of RECORD, and WILL SERVE as the PRECEPTOR:**

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE: ( ) FAX: ( ) \*License #:NHAS \_\_\_\_\_

**PRIOR AIT APPROVED SITE: Other facility where you were the licensed preceptor**

NAME:

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE: ( ) FAX: ( )

**PRIOR AIT APPROVED SITE: Other facility where you were the licensed preceptor**

NAME:

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE: ( ) FAX: ( )

**DUTIES OF PRECEPTOR:**

**Board Rule: 393-4-.02:** The preceptor is solely responsible for ensuring that the AIT complies with the Laws and Rules of the Board, and must attest to such compliance upon completion of the AIT program.

The preceptor must ensure that the AIT is not over-burdened with routine responsibilities that may be detrimental to his or her training, and must ensure that the intern is afforded a broad and comprehensive experience.

A monthly report is to be submitted to the Board beginning the month after the starting date of the AIT program. If an AIT program begins in the middle of a month, then ONLY submit the first report for the days of the month training was completed – Do not overlap months in one report. This report must follow the individualized schedule and describe the activities of the month and should be signed and notarized by both the Preceptor and the AIT.

If AIT does not submit reports showing proper hours worked, a denial will be issued.

If time off is granted during AIT, it must not affect the completion of the program and it must be documented on the monthly reports.

Is there an individual who is already licensed, or will be applying for an AIT License to be trained at the site you are applying for with this application to be the Preceptor for? If so, please indicate:

NAME: \_\_\_\_\_

AIT License #: NHAT \_\_\_\_\_, or, application number (if already applied): \_\_\_\_\_





