

Name: _____

Approved: Yes No

Application Pending: Yes No

Name: _____

Approved: Yes No

Application Pending: Yes No

Name: _____

Approved: Yes No

Application Pending: Yes No

(Add additional pages if needed)

PART III – QUALIFICATIONS FOR SITE OF AIT PROGRAM

NUMBER OF BEDS/ALLOWED INTERNS: _____ 60 – 100 / 1 Intern _____ 101 or more / 2 Interns*

*NO more than 2 interns allowed for any one site of 101 beds or more – See Board rule 393-4-.02(3)(a-b)

RECENT DCH SURVEYS:

_____ Yes _____ No I have attached all DCH Surveys, Plans of Correction and Compliance letters from the eighteen (18) months prior to the date of this application. If no, why? _____

PRIOR APPROVAL:

_____ Yes _____ No Has this facility ever been approved by the Board as an AIT program site?

If "Yes," provide : DATE: _____ NHAS # _____

PRIOR DENIAL:

_____ Yes _____ No Has this facility, ever been denied approval by the Board as an AIT program site?

If "Yes," provide:

NURSING HOME NAME: _____

EXPLANATION FOR DENIAL: _____

AFFILIATION:

_____ Yes _____ No Is this facility now, or to be in the future, affiliated with another facility for the purpose of approval as an AIT training program site?

If, "Yes," provide:

NURSING HOME NAME: _____

EXPLAIN: _____

PART IV – SIGNATURE

Date

Signature of Nursing Home Administrator