

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 in the past held a professional license? If "Yes," complete the following and attach additional sheets, if necessary.

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 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 arrested? **NOTE:** *The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.*

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

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

AIT APPROVED SITE

NAME OF SITE WHERE YOU ARE THE NHA OF RECORD, AND WILL BE PRECEPTOR:

NAME:

ADDRESS: _____
Street City State Zip Code

PHONE: ()

FAX: ()

AIT APPROVED SITE: Other facility where you were the approved preceptor

NAME:

ADDRESS: _____
Street City State Zip Code

PHONE: ()

FAX: ()

AIT APPROVED SITE: Other facility where you were the approved preceptor

NAME:

ADDRESS: _____
Street City State Zip Code

PHONE: ()

FAX: ()

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 30 days from the starting date of the AIT program. This report must follow the individualized schedule and describe the activities of the calendar 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. DO NOT COMBINE MONTHS ON ONE FORM.

Supervision Chart

Full Time or Part Time	
<p style="text-align: center;">Full Time = 40 hours/wk</p> <p>500 hours = 12.5 weeks @ 40 hrs. 1000 hours = 25 weeks @ 40 hrs. 1500 hours = 37.5 weeks @ 40 hrs. 2000 hours = 50 weeks @ 40 hrs.</p>	<p>1. 500 Hours 3 month approval 2. 1000 Hours 6 month approval 3. 1500 Hours 12 month approval 4. 2000 Hours 12 month approval</p>
<p style="text-align: center;">Part Time = 24 hours <u>minimum</u>/wk</p> <p>500 hours = 20.83 weeks @ 24 hrs. 1000 hours = 41.66 weeks @ 24 hrs. 1500 hours = 62.5 weeks @ 24 hrs. 2000 hours = 83.33 weeks @ 24 hrs.</p>	<p>1. 500 Hours 3 month approval 2. 1000 Hours 6 month approval 3. 1500 Hours 12 month approval 4. 2000 Hours 12 month approval</p>
<p>An AIT License is issued for a 3 month, 6 month or 12 month (1 year) period. Written request for an extension must be submitted at least 30 days before license expires. Approval of reports or extensions is at the Board's discretion.</p>	<p>The AIT outline form must be submitted for each individual you are supervising. This form should be submitted with the AIT application.</p>

Please submit the “Certification of AIT Program Completion Form” to the Board with the final monthly report due. This form must be received by the Board. Once the AIT Program completion form is approved by the Board, the AIT will be required to submit an application for a Nursing Home Administrators license and the fee within thirty (30) days from the approval date of the completion report by the Board.

Approval to register and sit for the exam will not be granted until the NHA application is received and approved.

Please keep copies of all approval/denial letters from the Board. It is the responsibility of the preceptor and the AIT to keep track of the total hours approved by the Board.