

Yes No

Do you recommend that the Applicant's period as an administrator-in-training be approved by the Board as meeting the requirements for licensure? If "No," please explain and attach relevant documentation.

PART IV - SIGNATURES

APPLICANT:

By my signature below, I affirm that I have discussed this report with the Preceptor of my Administrator-in-Training Program.

Date

Signature of Applicant

PRECEPTOR:

By my signature below, I affirm that I have discussed this report with the above-named Applicant for licensure as a Nursing Home Administrator.

Date

Signature of Preceptor

Sworn to and subscribed before me this

_____ day of _____, 20____.

Notary Public

My Commission Expires _____

NOTARY SEAL

Georgia State Board of Long-Term Care Facility Administrators
3920 Arkwright Rd. Suite 195, Macon, GA 31210 • 404-424-9966

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: _____

RESIDENT CARE AND QUALITY OF LIFE: (A minimum of 750 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.

HUMAN RESOURCES: (A minimum of 250 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 250 hours) TOTAL HOURS _____

Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.

PHYSICAL ENVIRONMENT AND ATMOSPHERE: (A minimum of 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 400 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: _____ TOTAL HOURS _____

TOTAL NUMBER OF HOURS IN AIT TRAINING PROGRAM _____

TO BE COMPLETED BY THE SUPERVISING LICENSED NURSING HOME ADMINISTRATOR/PRECEPTOR:

I certify that the AIT whose signature appears below has satisfactorily completed this AIT program of **2000** hours as outlined above under my personal supervision.

Provide a **narrative evaluation** of suitability for licensure as a nursing home administrator and **attach**.

(Signature of AIT)

(Signature of Preceptor)

GA NHA License # NHA _____

GA NHA Preceptor # NHAP _____

Sworn to and subscribed before me this

____ day of _____, 20 __,

Signature of Notary Public _____

My commission expires _____

Notary Seal