

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

CERTIFICATION OF PROGRAM COMPLETION - 1000 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: _____

CUSTOMER CARE, SUPPORTS, AND SERVICES: (A minimum of 330 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 135 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 135 hours) TOTAL HOURS _____
Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.

ENVIRONMENT: (A minimum of 125 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 245 hours) TOTAL HOURS _____
Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, residents' rights, and community services.

OTHER (30 hours): _____ TOTAL HOURS _____

TOTAL NUMBER OF HOURS IN AIT TRAINING PROGRAM _____

TO BE COMPLETED BY THE SUPERVISING LICENSED NURSING HOME ADMINISTRATOR:

I certify that the AIT whose signature appears below has satisfactorily completed this AIT program of _____ hours under my personal supervision.

Narrative evaluation of suitability for licensure as a nursing home administrator:

(Signature of Preceptor)

AL NHA License # _____

(Signature of AIT)