

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

CERTIFICATION OF PROGRAM COMPLETION - 200 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 66 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 27 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 27 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 25 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 49 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 (6 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)