

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

AIT PROGRAM OUTLINE - 500 HOUR

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NAME OF AIT: \_\_\_\_\_ Date \_\_\_\_\_
(Title) (Last) (First) (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Proposed AIT Beginning Date: \_\_\_\_\_ Proposed date of Completion: \_\_\_\_\_

CARE, SUPPORTS, AND SERVICES: (A minimum of 220 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.

NURSING \_\_\_\_\_ SOCIAL SERVICES \_\_\_\_\_
DIETARY \_\_\_\_\_ RECREATION/VOLUNTEERS \_\_\_\_\_
MEDICAL RECORDS \_\_\_\_\_ REHABILITATION SERVICES \_\_\_\_\_
MEDICAL/ALLIED HEALTH \_\_\_\_\_ PHARMACEUTICAL PROGRAM \_\_\_\_\_

OPERATIONS: (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, employee retention, accounting, budgeting, financial planning and asset managing, auditing, organizational structures, leadership principles, mission, vision and value statements, strategic planning, government relations and advocacy, and public relations.

ADMINISTRATION \_\_\_\_\_ BUSINESS \_\_\_\_\_

ENVIRONMENT AND QUALITY: (A minimum of 130 hours) TOTAL HOURS \_\_\_\_\_

Topics in this area should include safety procedures, fire, disaster and emergency programs, building and environmental management, compliance with laws and regulations and governing entities, risk management, communication, survey, certification, enforcement, quality improvement models and management information systems.

HOUSEKEEPING/LAUNDRY \_\_\_\_\_ MAINTENANCE \_\_\_\_\_

OTHER (15 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 agreed to complete this AIT program of \_\_\_\_\_ hours under my personal supervision.

\_\_\_\_\_  
(Signature of Preceptor)

AL NHA License # \_\_\_\_\_

\_\_\_\_\_  
(Signature of AIT)