

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

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: _____

CARE, SUPPORTS, AND SERVICES: (A minimum of 880 hours) TOTAL HOURS _____

OPERATIONS: (A minimum of 540 hours) TOTAL HOURS _____

ENVIRONMENT AND QUALITY: (A minimum of 520 hours) TOTAL HOURS _____

OTHER (60 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)