

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

**CERTIFICATION OF PROGRAM COMPLETION - 500 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 220 hours)** TOTAL HOURS \_\_\_\_\_

**OPERATIONS: (A minimum of 135 hours)** TOTAL HOURS \_\_\_\_\_

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

**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 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)