

**STATE OF MAINE**  
**NURSING HOME ADMINISTRATORS**  
**LICENSING BOARD**  
**APPLICATION FOR LICENSURE**

- Administrator-In-Training



Department of Professional and Financial Regulation  
Office of Professional & Occupational Regulation  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
TTY USERS CALL MAINE RELAY 711  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine 04345

## APPLICANT INFORMATION GUIDE

The application material you have requested from the Nursing Home Administrators Licensing Board is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### FURNISHED TO APPLICANT

- Applicant Information Guide
- Individual License Application
- Verification of Licensure Form
- Educational Worksheet
- Request for Examination
- Formal Training Guide

### ADDITIONAL RESOURCES

- Licensing Law for Long Term Care Administrators

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch2sec0.html> or call (207) 624-8626

- Licensing Rules for Long Term Care Administrators

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#371> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## **APPLICATION PROCEDURE:**

- Please submit your application materials to the Board by mail or hand delivery to our offices. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Typical review and processing time of applications is up to two (2) to three (3) weeks. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>. We appreciate your thoughtful attention to this request.

## **IMPORTANT INFORMATION FOR LICENSEES:**

### ➤ **10 Day Reporting**

Please be advised, pursuant to 10 MRS §8003-G, licensees are to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

### ➤ **GovDelivery**

The Nursing Home Administrators Licensing Board has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

To become a subscriber, go to the Board's website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.

**Administrator-in-Training Resulting in Licensure as a  
Multi-Level Long-Term Care Administrator**

All applicants applying for an Administrator-in-Training Program (AIT) must submit the following:

- Completed and signed Application;
- Payment of an Application Fee of \$75.00;
- Payment of an AIT Fee of \$125.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

**Note: All fees can be in one payment.**

- Official Transcript indicating earned/conferred degree sent directly by mail or courier to this office by the educational institution documenting one (1) of the following:
  1. Baccalaureate or higher degree from an accredited college or university in Administration, Health Care Administration, Long-Term Care Administration; **or**
  2. Baccalaureate degree from an accredited college or university in a health related field, such as nursing, social work, psychology; **or**
  3. Baccalaureate or higher degree from an accredited college or university in any field, plus proof of one of the following:
    - A Certificate of Advanced Study in Long Term Care Administration from an accredited college, **or**
    - Twelve (12) semester hour credits from an accredited college with not fewer than six (6) in management and the balance in health care or long-term care (applicant must also complete and mail the educational worksheet);
- Documentation demonstrating knowledge of residential care/assisted living by **one** (1) of the following means:
  1. Possess a high school diploma and have completed one of the following options:
    - A Board-approved program in residential care/assisted living (copy of certificate mailed to the Board accepted). Please note: nothing has been approved since June, 2010; **or**
    - A Certificate of Advanced Study in Long Term Care Administration from an accredited college, including at least three (3) semester hours in AL or Res Care (official transcript sent by mail or courier directly from the educational institution accepted); **or**
    - Twelve (12) semester hours from an accredited college with not fewer than six (6) in management and the balance in health care or human services (the applicant must mail a fully completed Educational Worksheet and have an official transcript sent by mail or courier directly from the educational institution).
  2. Be certified by the American College of Health Care Administrators (ACHCA) as a Certified Assisted Living Administrator (CALA)(copy of certificate mailed to the Board accepted);
  3. Official score report demonstrating passage of the NAB Residential Care/Assisted Living Examination issued directly from NAB **or** a Request for Examination Form.
- Resume;
- Formal Training Guide (See attached sample); and
- Certificate of completion substantiating that the applicant's qualified Preceptor has completed a Board approved Preceptor Training Program within the previous three (3) years.

**Those licensed in other jurisdiction(s) must also provide:**

- Official Verification(s) of Licensure sent by mail or courier directly to this Office from the issuing agency.

**Administrator-in-Training Resulting in Licensure as a  
Nursing Home Administrator**

All applicants must submit the following:

- Completed and signed Application;
- Payment of an Application Fee of \$75.00;
- Payment of an AIT Fee of \$125.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

**Note: All fees can be in one payment.**

- Official Transcript indicating earned/conferred degree sent by mail or courier directly to this office by the educational institution documenting one (1) of the following:
  1. Baccalaureate or higher degree from an accredited college or university in Administration, Health Care Administration, Long-Term Care Administration; or
  2. Baccalaureate degree from an accredited college or university in a health related field, such as nursing, social work, psychology; or
  3. Baccalaureate or higher degree from an accredited college or university in any field, plus proof of one (1) of the following:
    - A Certificate of Advanced Study in Long Term Care Administration from an accredited college, or
    - Twelve (12) semester hour credits from an accredited college with not fewer than six (6) in management and the balance in health care or long-term care (applicant must also complete and mail the Educational Worksheet);
- Resume;
- Formal Training Guide (See attached sample); and
- Certificate of completion substantiating that the applicant's qualified Preceptor has completed a Board approved Preceptor Training Program within the previous three (3) years.

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STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine Relay 711 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website:  
<http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



Applicant's Name: \_\_\_\_\_

**High School Education**

High School Diploma

School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Equivalent (such as GED)

Please specify: \_\_\_\_\_ Date: \_\_\_\_\_

**Higher Education  
(Official transcripts must be submitted directly from Institution)**

Name of Academic Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Degree Granted: \_\_\_\_\_

Date Conferred: \_\_\_\_\_

**Credentialing History**

**Do you hold or have you ever held a professional license/certification/registration in this or any other state/country?** [ ] YES [ ] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a long term care examination? [ ] YES [ ] NO

If yes:

Exam Title: _____	Location: _____
Date Taken: _____	Select One: [ ] Pass [ ] Fail

Have you completed a structured AIT Program? [ ] YES [ ] NO

If yes:

State: _____	
Dates: _____	Number of Hours: _____

Applicant's Name: \_\_\_\_\_

**AIT Program**

Commencement Date:

Length of Program:

6 months (full time)     12 months (part time)

**Training Site**

Training Site:

Licensed Administrator at Training Site:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

**Additional Training Sites**

SNF Facility:

Licensed Administrator at Training Site:

ICF/MR Facility:

Licensed Administrator at Training Site:

Residential Care Facility:

Licensed Administrator at Training Site:

**Preceptor's Licensing History and Employment**

Name:

License Number:

Number of Years Licensed:

Facility Where Employed:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Preceptor Training Program:

Date Completed:

Instructor:

Location:

Applicant's Name: \_\_\_\_\_

**Affirmation**

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

I also understand, pursuant to 10 MRS §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**Nursing Home Administrators Licensing Board**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

Paul R. LePage  
 Governor

Anne L. Head  
 Director

**VERIFICATION OF LICENSURE FORM**  
**Page 1 of 2**

The applicant listed below is applying for licensure in the State of Maine. The Maine Nursing Home Administrators Licensing Board requests written verification from each state that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

**The section below is to be completed by the applicant and forwarded with page 2 to the licensing or certifying authority. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.**

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

**Directions to State Board:**

Complete the remaining portion of page 1 and page 2 of this form and return both pages directly to the Board by mail or courier:

**U.S.P.S. Mailing Address:** Nursing Home Administrators Licensing Board, 35 State House Station, Augusta, Maine 04333

-or-

**Courier/Delivery Address:** Nursing Home Administrators Licensing Board, 76 Northern Avenue, Gardiner, Maine 04345

Name of Licensee:		Type of License:	
License Number:	Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired		
Date Issued:		Expiration Date:	



PRINTED ON RECYCLED PAPER

Applicant's Name: \_\_\_\_\_

**Maine Nursing Home Administrators Licensing Board  
Verification of Licensure (Page 2 of 2)**

Exam taken: \_\_\_\_\_ State: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Raw Score: \_\_\_\_\_ Scaled Score: \_\_\_\_\_

If no examination was taken, how was licensure obtained?

- Grandfathered       Endorsement/Comity from which state: \_\_\_\_\_
- Certification through the American College of Health Care Administrators
- Other \_\_\_\_\_

Was an AIT/Practicum successfully completed?      [ ] Yes    [ ] No  
If yes, length of AIT/Practicum:      [ ] Not applicable

Are there any pending complaints against this licensee?      [ ] Yes    [ ] No  
If yes, please explain:

Have there been any other actions taken against this licensee?      [ ] Yes    [ ] No  
If yes, please explain:

Is the licensee considered to be in good standing in your state?      [ ] Yes    [ ] No  
If no, please explain:

State Board Seal

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

State: \_\_\_\_\_ Phone Number \_\_\_\_\_

Date: \_\_\_\_\_



Paul R. LePage  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Nursing Home Administrators Licensing Board**  
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Director

**Educational Worksheet**

**Applicant's Name:** \_\_\_\_\_ **Applicant's School(s):** \_\_\_\_\_

**INSTRUCTIONS:** Please complete this worksheet by reporting a minimum of twelve (12) semester hours (or its quarter hour equivalent) of undergraduate or graduate coursework from an accredited educational institution in the chart below. Six (6) hours should be coursework related to health care/human services. The remaining six (6) hours should be related to management. In order to expedite the review of your application, you are also encouraged to submit descriptive information, such as a course description or syllabus current at the time the course was taken, substantiating the content of each of the courses listed on the worksheet. You may attach additional worksheets if necessary. *Please note that experience in the field and/or continuing education activities, such as workshops or in-service training sessions, cannot be substituted for this educational requirement.*

Course Title	Course Number	Credit Hours	Type	Description or Syllabus attached?
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO



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TTY USERS CALL MAINE RELAY 711  
OFFICES LOCATED AT: 76 NORTHERN AVENUE,  
GARDINER, MAINE

OFFICE PHONE: (207)624-8626

FAX: (207)624-8637



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Governor

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DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
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Director

### REQUEST FOR EXAMINATION

One of the pathways to demonstrate knowledge of residential care/assisted living is successful passage of the RC/AL Examination administered by the National Association of Long Term Care Administrator Boards (NAB). Should you choose to use this examination pathway, this form must be submitted by mail to the Office at the above address with your application, fees and other documentation as outlined in the Applicant Information Guide.

Once your application is reviewed and approved, you will be eligible to sit for the examination.

Please note that you may obtain additional information regarding the examination and/or register for the examination by going to NAB's website: <http://www.nabweb.org>

<b>Check Appropriate Category</b>
<input type="checkbox"/> RC/AL Examination

<b>Applicant Information (please print)</b>		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	E-mail address:	



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FAX: (207)624-8637

## CANDIDATE REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please submit to Professional Examination Service and the Board/Agency in the State in which you are seeking licensure (if applicable) this completed form and attach the appropriate documentation as indicated in the Candidate Handbook** so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

### Applicant Information

_____	_____	_____
Last Name	First Name	Middle Name
_____		
Address (line 1)		
_____		
Address (line 2)		
_____	_____	_____
City	State	Zip Code
_____		
Jurisdiction in which you have applied for licensure		

### Special Accommodations

I request special accommodations for the administration of the:

*Please check each examination that applies to you.*

- Residential Care/Assisted Living Licensure & Entry-Level Competency Exam (RCAL)
- State-Based Laws & Regulations Exam (NSBL)

Please provide (check all that apply):

_____	Accessible testing site
_____	Special seating
_____	Large print test (specify point size) _____
_____	Reader
_____	Extended testing time (time and a half)
_____	Separate testing area
_____	Other special accommodations (please specify)
	_____
	_____
	_____

Send original documents to:

State Board/Agency in which you are making application for licensure

Send copies to:

Professional Examination Service  
Attention: NAB Program Director  
475 Riverside Drive, 6th Floor  
New York, NY 10115-0089

\_\_\_\_\_  
COMPANY NAME

AIT PROGRAM SUMMARY

NAME OF AIT: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF PRECEPTOR: \_\_\_\_\_

TRAINING SITE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

NUMBER OF WEEKS REQUIRED TO COMPLETE PROGRAM: \_\_\_\_\_ Weeks  
\_\_\_\_\_ Hours

**Approximate Number of  
Hours**

**Instructor**

<b>Approximate Number of Hours</b>		<b>Instructor</b>
	ACTIVITIES	
	ADMINISTRATION	
	BUSINESS OFFICE	
	DIETARY	
	EXAM PREPARATION	
	HOUSEKEEPING	

	LAUNDRY	
	INTERMEDIATE CARE NURSING FACILITY FOR PEOPLE WITH MENTAL RETARDATION (ICF/MR)	
	MAINTENANCE	
	MEDICAL RECORDS	
	NURSING	
	REHABILITATION	
	RESIDENTIAL CARE	
	SPECIAL PROJECTS	
	SOCIAL SERVICES/ ADMISSIONS	
Total Assigned Hours		

**ADMINISTRATOR-IN-TRAINING PROGRAM**

SPECIAL PROJECTS

\* TBD

## **ADMINISTRATOR IN TRAINING PROGRAM**

The following policy and procedure outlines the Administrator-in-Training program for

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### **I. OBJECTIVES:**

1. Adequately assess a potential administrative candidate on skills required to function effectively as a Nursing Home Administrator and to present an organized program for the development of a successful A.I.T. candidate.

### **II. GOALS:**

1. Adequate skills assessment
2. Training based on assessment skills - develop weaknesses to functional ability.
3. Review of all operations of nursing facility management to the level of functional understanding.
4. Familiarize the AIT with the resident population, professionals in the health care arena, networks of support, and the local and state health care systems.
5. Acquaint the AIT to external factors affecting the facility – i.e., community, regulations, survey process, reimbursement, legislation, etc.
6. Preparation for state and federal licensure examination through complete review of all applicable licensure material.
7. Successful passing of licensure examination by the A.I.T. candidate.

III. POLICY AND PROCEDURE:

It is the policy and procedure of \_\_\_\_\_ to base and design its Administrator-In-Training Program on the approved National Association of Boards (NAB) Guidelines for Conducting an Administrator-In-Training Program by Oesterling, Robert D. Orientation of A.I.T. Candidates will be completed using on-site policies of the A.I.T. location as well as the NAB orientation by Robert Haacker, Ed. D.

Each A.I.T. candidate shall first complete the A.I.T. inventory of related knowledge and experience by Haacker, and this will be reviewed by the Administrative Preceptor, who shall be a licensed Nursing Home Administrator, for identification of strengths and weaknesses. A working plan of progress, following the Guidelines shall be developed and used for training of the A.I.T. candidate. Monthly progress reports shall be generated, along with a summary by the Preceptor as to the functioning of the A.I.T. candidates in relation to the Guidelines. These reports will be accumulated and sent to the Licensing Board, as directed, on a bi-monthly basis. Three bi-monthly reports will be made to the Board of Licensing, and at the end of the six month period, the A.I.T candidate will be scheduled for the next available licensing exam.

Upon successful completion of the A.I.T. program and the passing of the federal and state licensing examinations for Nursing Home Administrators, it is \_\_\_\_\_ intent to assign the newly licensed administrator to one of the \_\_\_\_\_ facilities.

ROLE OF THE PRECEPTOR

The preceptor is a teacher who helps develop a new professional in the field of long term care administration. The preceptor serves as a role model for the student, AIT. The preceptor teaches, assists, and advises the AIT along with providing an opportunity for the administrator's own professional and personal growth.

GUIDELINES:

The preceptor/administrator shall have current valid nursing home administrator's license in the state of Maine.

The preceptor/administrator shall be currently employed as an administrator in a nursing home in the state of Maine, and shall have been actively employed for at least five (5) years.

The preceptor shall have completed a Board approved preceptor training program.

The preceptor shall be responsible for the implementation in the facility of a program which will meet the learning needs of the AIT.

The preceptor shall assure that the AIT understands the state AIT program as required by licensing board, shall develop the plan for the AIT experience with AIT input, and shall identify individual responsibilities within the program.

The preceptor shall provide the AIT with an initial orientation to the facility, its philosophy, its staff and basic operation.

The preceptor shall inform the facility's staff about the training program for the AIT, established the purpose of the clinical experience, and solicit the staff's cooperation in providing information and encouragement to the AIT.

The preceptor shall meet with the AIT on a regular basis to evaluate performance, to identify areas of competency and/or weakness, to identify problem areas, and to modify the plan as needed.

## ADMINISTRATOR-IN-TRAINING PROGRAM

### DEPARTMENT & FACILITY ROTATION SCHEDULE

During the training rotations, the Administrator/preceptor and the AIT will schedule rotations in all departments of facility operations. Refer to attached training schedule for specific facility/department rotations.

The training rotations will begin with a general orientation to the facility/company and introduction to staff, residents and affiliated professionals by the Administrator. A review of the company philosophy, mission statement, and organizational chart will be incorporated into the program. Resident care policies, personnel policies, and the quality assurance program and safety program will be reviewed with the AIT at the commencement of the training program.

Department Heads will conduct more thorough orientations to their specific departments at the scheduled time of each department's rotation. At the conclusion of each rotation, the AIT will be responsible for summarizing her learning experience in the department. The summary should describe the learning experience and should highlight strengths and areas for improvement identified during the tour through each training rotation. These will become the basis to consider for additional learning tasks during the management rotation.

The goal of the department rotations is to review each department's systems and gain an understanding of how all departments' roles inter-relate to accomplish the effective functioning of the facility as a whole and achieve desired outcomes.

In addition, the Department Head and staff will provide feedback to the AIT by using the department evaluation tool at the conclusion of the department rotation. Both documents will be signed by the AIT and Department Head and submitted to the preceptor. These will be used in discussions and continued program planning with the AIT.

EVALUATION OF ADMINISTRATOR-IN-TRAINING PROGRAM

PRECEPTORS AND THE COURSE

Beyond the day-to-day informal evaluation process, there shall be two instruments utilized in the formal evaluation of the AIT performance. The **PRECEPTOR'S EVALUATION FORM** and a form for **DEPARTMENT MANAGER'S EVALUATION**.

At the conclusion of the course, the AIT will evaluate his/her Preceptor and the overall AIT program.

AIT REFERENCE AND RESOURCE GUIDE

NAB Study Guide: How to Prepare for the Nursing Home Administrator's Examination - Fourth Edition

NAB Administrator-in Training Domains of Practice Internship Manual

The Principles of Health Care Administration

Practice to Pass