



Administrator-In-Training (AIT)

**Session 1 May 8-9, 2019; Session 2 June 5-6, 2019; Session 3 July 10-11, 2019;
Session 4 September 10-11, 2019 (Must attend all 4 sessions)**

8:30 a.m. – 4:30 p.m.

\$900, Lunch and Materials Included

Who should take this course?

People who are currently working in a long-term care facility who plan to take the Arkansas State exam and the National Association of Long Term Care Administrator Boards (NAB) exam but need further education. You must meet the eligibility criteria listed on the AIT check list.

Will this course or the AHCF help me find a job?

After passing this course, you must take the state exam and the NAB exam to be qualified as an administrator. Completing this course is not a guarantee of a job as an administrator, nor is it a substitution for the Arkansas State exam or the National Association of Long Term Care Administrator Boards (NAB) exam. The foundation does not provide or assist candidates with employment.

Is this course required if I wish to sit for the NAB or Arkansas State exam?

No, this course is designed for individuals who do not have the education or work experience to be eligible for licensure exams but is not required.

How is the class structured?

The course is offered once a year and students will come to our Little Rock training center four times, beginning in May. Each class session will be two days long. AIT students will work with their preceptor for the days and times of their facility based instruction.

What will I do in this course?

The AIT class is composed of two components- classroom instruction and a facility-based internship with a preceptor. Trainees will be required to serve their internship at a local skilled nursing facility which employs a certified preceptor who has agreed to work with the trainee. The preceptor will determine the trainees' specific schedule, but each trainee will be expected to serve their internship for 40 hours per week for a total of 568 clock hours within the facility over 16 weeks.

How long is this course?

This course is 16 weeks total and is comprised of classroom instruction and facility-based instruction. Classroom instruction is two 8 hour days per month (for a total of 72 classroom hours). During the training, the trainee will be expected to work with their preceptor 40 hours per week on a Monday through Friday 8 hour per day work schedule at a skilled nursing facility.

What is the attendance policy?

The attendance policy for classroom instruction is extremely rigorous and strict. If a student must leave a course due to unpreventable circumstances, the student will be required to drop the course and re-enroll in the program at a later date. Each trainee must complete both sections of the program in its entirety without interruptions before a certificate of completion can be issued.

State Exam Day September 12, 2019

Can I audit this course?

Yes, if you already qualify for state and NAB licensure examinations you may audit this course. When auditing the course, you will complete 72 hours of classroom training but the facility-based instruction is omitted. Class dates and cost will be the same as the full AIT course.

What is the cost of the course?

The cost of the entire course is \$900. This includes classroom instruction, materials and lunch during class days.

What is the cost for application?

There is a \$100 application fee that, if accepted into the program, is applied to the total cost of the course. If an applicant is not accepted into the AIT course, they forfeit the application fee.

What happens after I complete the course?

After the course is concluded, the trainee and department manager will complete a performance evaluation which will then be reviewed by the preceptor. At the end of the internship, the candidate and the preceptor will complete an overall performance evaluation that will indicate whether or not the trainee has satisfactorily completed the facility-based instruction component. This evaluation will be reviewed during the course instruction period and also sent to ACHF to be placed in the trainee's file.

Once the trainee has completed the entire AIT program, the Office of Long Term care will approve him/her for State and NAB exams. Exams must be attempted within 6 months of completion of the AIT program. If a candidate scores below passing he/she will be required to complete an additional course of study determined by AHCF.

Application Deadline: April 1, 2019.
Make checks payable to AHCF.

AIT Application Check List

You must meet ALL of the following requirements before applying for admission to the program.

- Possess a high school diploma or GED
- Submit to a background check
- Be at least 21 years old
- Complete AIT application and include all requested documentation
- Pay \$100 application fee plus \$800 course fee totaling \$900
- Have a certified preceptor who has agreed to the mentorship
- Plan to take the state NAB exam within 6 months of AIT course completion

You must meet at least ONE of the following requirements:

- I have an associate's degree (or above) from an accredited college
- I am a registered nurse with 2+ years supervisory experience in a long term care facility
- I am a licensed practical nurse with 3+ years supervisory experience in long term care facility
- I have 6+ years work experience AND 15 semester hours of college level in instruction (only hours for accounting, management, human resources, writing skills or resident care are applicable)

**For more information, please contact the Association at 501-374-4422 or
AIT@arhealthcare.com.**

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**To register, send this completed form and \$100 application fee (make checks payable to AHCF) by April 1, 2019 to:
Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: registration@arhealthcare.com.**
The information contained herein, together with all attached documents, will be regarded as property of AHCA.

Section I

Personal Information

First Name	M.	Maiden Name	Last Name	Date of Birth	Place of Birth
Mailing Address			City	State	Zip
Cell Phone	Email Address (Confirmation and class materials will be sent to this address)				Last 4 digits of SSN
Employer			Current Title		
Facility (Skilled Nursing) Work Hours to be Completed			Preceptor Name & Title		
Employer's Address			City	State	Zip
Attendee's Signature				Date	
PAYMENT TOTAL: \$ _____					
Check #:	_____	Visa	Master Card	American Express	
Name on Card:	_____			Credit Card Number:	_____
Expiration Date:	_____			V-Code:	_____
Billing Address: _____					
City:	_____			State:	_____ Zip: _____
Email Credit Card Receipt to: _____					

Section II

Experience Qualifications

- A. Have you been employed by a nursing facility? Yes No
- B. If so, please provide this additional information regarding your employment. Add additional sheets if necessary. If not, continue on to the next page.

Facility Name			Facility's Address		
City	State	Zip	Dates of Employment		
Position			Summary of Duties		

Facility Name			Facility's Address
City	State	Zip	Dates of Employment
Position		Summary of Duties	

C. Employment History

Please begin with your present or most recent position and work back. Additional sheets may be attached if necessary.

Facility Name			Facility's Address
City	State	Zip	Dates of Employment
Position		Summary of Duties	

Name and Title of Immediate Supervisor			Reasons for Leaving
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Facility Name			Facility's Address
City	State	Zip	Dates of Employment
Position		Summary of Duties	

Name and Title of Immediate Supervisor			Reasons for Leaving
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Facility Name			Facility's Address
City	State	Zip	Dates of Employment
Position		Summary of Duties	

Name and Title of Immediate Supervisor			Reasons for Leaving
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Section III

Educational Record

A. A complete and original transcript of your college credits must be provided with this application. This information will become part of the application.

	High School	College	Graduate School	Other
Name				
Location				
Dates of Attendance				
Grades, Years or Hours Completed				
Type of Degree, Diploma, or Certificate				

List Field(s) of Study: _____
Major
Minor

B. Regulations require that all applicants have basic education or experience in the following areas. Please specify how you meet these core requirements in the grid below. List the course name, workshop, seminar, or experience in each area.

Accounting/Bookkeeping	
Management/Supervision	
Personnel	
Writing Skills	
Resident Care	

Section IV

References and Qualifications

1. On a separate sheet of paper, please explain why you feel that you are capable or qualified to function as a nursing home administrator. Attach the explanation to the application.

2. Are you currently licensed in another state? Yes No

If so, please indicate the state and license number: _____
State
License Number

3. Have you ever been convicted of a felony? Yes No
 If so, attach a separate statement showing offense, charge, date and disposition of the case.
4. Do you have a substantiated history of exclusion from the Medicare or Medicaid program?
 Yes No
5. Do you agree to have and pay for a criminal background check?
 Yes No
6. Attach three professional reference letters from those who have knowledge of your character, work experience and ability. Not including relatives.

	Name	Address	How long reference has known you	Phone Number
1.				
2.				
3.				

Section V

Certification

I HEREBY CERTIFY:

- I have read AR Statutes (1987), as amended, § 20-10-401 through 20-10-408 and the rules and regulations promulgated there under entitled “Rules and Regulations for the Licensure of Nursing Home Administrators.”
- This application and all attached papers contain no willful misrepresentation or falsification, and the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation by the Arkansas Health Care Foundation reveal any such misrepresentation or falsification, it may prevent me from becoming licensed or, if I am already licensed, cause my license as a nursing home administrator to be revoked.

 Signature of Applicant Date

Sworn to and subscribed before me by the above this _____ day of _____ 20_____

 Notary Public Signature County State Date Commission Expires

Notary Public Seal

Application Deadline: April 1, 2019.

For more information, please contact the Association at 501-374-4422 or AIT@arhealthcare.com.