ALABAMA BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS ADMINISTRATIVE CODE

CHAPTER 620-X-A
APPENDIX A FORMS

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620-X-A-.01 Complaint Form.

Appendix A – FORM 1

Alabama Board of Examiners of Nursing Home Administrators
Complaint Form

Offense _____ Case No.

Victim/Complainant _____

Address _____

Race ____ Sex ____ Age ____ DOB _____ Other _____

Administrator Name _____ License #

Facility Name _____

Facility Address _____

Home Address _____

Date of Licensure _____ Renewal Date _____

Place of Occurrence _____

Date of Occurrence Time of Occurrence _____

Person Reporting Incident _____ Date Reported _____

Bodily Injury (Describe) _____

Witness (1) _____

Address _____

Telephone (w) _____ (h) _____ Relationship to victim

Witness (2) _____

Address _____

Telephone (w) (h) Relationship to victim

Details of Incident _____

_____

_____

Statements from Witnesses _____

_____

_____

Please attach additional sheets as necessary.

Author:
Statutory Authority:
History:

620-X-A-.02 Oral Examination Form (Repealed 2/20/01).

FORM-2 -- Oral Examination Form

(Repealed 2/20/01)

Author:
Statutory Authority: Code of Ala. 1975, §34-20-14.
History: Repealed: Filed January 16, 2001; effective February 20, 2001.

620-X-A-.03 Application For License As A Nursing Home Administrator.

Appendix A - Form 3

State of Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road

Montgomery, Alabama 36106

(334) 271-2342

Application for License as a Nursing Home Administrator

Please print clearly or type all answers. If there is no sufficient space, use additional sheets and number accordingly. Your completed employment verification, copy of facility institutional license, photograph, organizational chart, three character references, a copy of your college degree, copy of current driver's license, and the required fee (see fee schedule), made payable to the AL BOE of Nursing Home Administrators, must be submitted with this application. ***Your application will not be considered complete and therefore will not be reviewed unless all of the above have been received.***

_____

_____

I hereby make application for a Regular License as a Nursing Home Administrator in the State of Alabama.

Date: _____

1. Name: _____

(Last) (First) (Middle) (Maiden)

2. Home Address: _____

(Street) (City) (State) (Zip)

3. Business Address: _____

(Street) (City) (State) (Zip)

4. Telephone Number: (Cell) _____ (Business) _____

5. Date of Birth: _____ Place of Birth: _____

(Month) (Day) (Year)

6. Are you a citizen of the United States? Yes ? No ? Country _____

7. Social Security Number: _____

8. Education: (a) Please circle the highest grade completed: 6 7 8 9 10 11 12

(b) Did you graduate? Yes ? No ? Date of Graduation _____

(c) Name of High School _____

Address: _____

(Street) (City) (State) (Zip)

(d) Name of College or University _____

Address _____

(e) Degree _____

(f) Major undergraduate subjects: _____

(g) Major graduate university subjects: _____

(h) Other educational training: Name _____

Address: _____

(Street) (City) (State) (Zip)

Dates attended: From _____ To _____

Certificate Received: Yes ? No ?

Subjects: _____

9. Employment history for the past 15 years, include military experience, if any. ***Please list most recent experience first.***

Employers Name _____

Address: _____

(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

_____
_____

_____
_____

_____
_____

_____
_____

_____
_____

Employers Name _____

Address: _____

(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

_____
_____

_____
_____

_____
_____

_____
_____

_____
_____

_____
_____

_____

_____

Employers Name _____

Address: _____

(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Employers Name _____

Address: _____

(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Employers Name _____

Address: _____

(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

10. Membership in Professional Societies and Nursing Home Associations:

Name	Date of Membership	Offices Held	Active or Inactive

_____
_____

_____
_____

_____
_____

_____
_____

11. Professional Certificates and/or licenses held. (Include such items as fellowships in American College of Hospital Administrators and American College of Health Care Administrators, MD, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each certificate or license you hold or have ever held).

Type of certificate or license	**Name of State or other authority**	**Year of Original issue**	**Year of Latest Current or Latest issue**	**registration number**

_____
_____

_____
_____

_____
_____

_____
_____

12. Attach a **recent** (within 3 months) finished unmounted photograph. Type or print you name of the back of the photograph.

13. Have you ever been convicted of a felony? Yes ? No ?

14. Have you ever been treated for illness caused by excessive use of alcohol or narcotics? Yes ? No ?

15. In what type of nursing facility are you currently employed? _____

16. Attach a copy of the current license issued to the facility you are now affiliated with.

17. Have you **applied** for licensure by examination in any state or states for license as a nursing home administrator? Yes ? No ? State(s) _____

—

18. Have you ever had a certificate or other professional license revoked or suspended?

Yes ? No ? If yes, attach an explanation, relevant documents and a description of the current status.

19. Are you currently registered as a nursing home administrator in any other state?

Yes ? No ? If yes, please have the applicable State Licensure Board complete the enclosed reciprocity questionnaire. A questionnaire must be filled out for each state in which you hold or have held a nursing home administrators license.

20. Applicant must furnish references from three (3) individuals who are in a position to provide information in regard to your good moral character. These should be mailed by the individuals directly to the Board of Examiners. Please list below the names and addresses of who the three references will be from:

(1) Name _____ Business or Occupation _____

Address: _____

(Street) (City) (State) (Zip)

(2) Name _____ Business or Occupation _____

Address: _____

(Street) (City) (State) (Zip)

(3) Name _____ Business or Occupation _____

Address: _____

(Street) (City) (State) (Zip)

Affidavit of Applicant

_____, on oath, do promise and swear that, if my application is accepted, and I should be granted a license to practice as a Nursing Home Administrator in the State of Alabama, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that, if I should fail to keep the above agreement or if I have made any false statements in this application, my license may be suspended or revoked by the Board at any time.

I further state that all the statements are made by me in this application are true and correct.

_____

Signature of Applicant

Sworn to and subscribed before me this

_____ day of _____, _____.

My Commission Expires _____

_____

Notary Public

STATE OF _____)

COUNTY OF _____)

EMPLOYMENT VERIFICATION AFFIDAVIT

Before me, the undersigned Notary Public in and for said County, in said State, personally appeared _____, who is known to me and who, being duly sworn on oath deposes and says:

The affiant is _____ of

(Title - owner, co-owner, officer, director, etc.)

_____ and is personally acquainted with

(Nursing facility)

_____, who is an applicant for a license as a nursing home administrator under the rules governing nursing home administrators licensed under the laws of the State of Alabama, and that applicant has been employed by the nursing facility from _____ to _____.

(Date) (Date)

That applicant has good moral character and reputation where he/she resides, and enjoys the confidence and respect of the general public. His/Her duties are summarized as follows with dates indicated where appropriate to reflect major duty changes or changes in responsibility: _____

_____

_____

_____

_____

_____

_____

_____

Affiants Signature

Sworn to and subscribed before me

this _____ day of _____, _____.

Notary Public _____ My Commission Expires

_____

County of _____

State of _____

Author: Linda U. Jordan, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-5.
History: December 31, 1992. Filed: **Amended:** August 31, 1993.
Amended: Filed January 16, 2001; effective February 20, 2001.
Amended: Filed June 15, 2016; effective July 30, 2016.

620-X-A-.04 Application For Renewal Of NHA Nursing Home Administrator.

Appendix A - Form 4

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

Application for Renewal of NHA License

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

NHA License # _____ E-mail address _____ Date _____

Last Four Digits Social Security # _____

In accordance with Act No. 986, Regular Session, 1969, I hereby make application for renewal of my license as a nursing home administrator with the Alabama Board of Examiners of Nursing Home Administrators.

NAME: _____

(Title) (Last) (First) (Middle)

ADDRESS: (Street) _____ (City) _____

(State) _____ (Zip Code) _____

Please give current home address

NAME OF FACILITY OR BUSINESS: _____

TELEPHONE: (Cell) _____ (Business) _____

During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

No ○ Yes ○ If yes, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses:

License: _____; _____; _____

(Title) (Number) (State)

_____; _____; _____

(Title) (Number) (State)

Not Applicable ○

Affidavit of Applicant

I hereby certify that the _____ (total hours) continuing education hours listed on this application are true and correct to the best of my knowledge and belief.

Author: Lana Davis, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-13.
History: **Amended:** Filed January 16, 2001; effective February 20, 2001. **Amended:** Filed August 8, 2011; effective September 12, 2011. **Amended:** Filed March 13, 2012; effective April 17, 2012. **Amended:** Filed June 15, 2016; effective July 30, 2016. **Amended:** Published January 31, 2022; effective March 17, 2022.

620-X-A-.05 Reciprocity Questionnaire.

Appendix A - Form 5

State of Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road

Montgomery, Alabama 36106

(334) 271-2342

Reciprocity Questionnaire

TO THE APPLICANT:

If you are applying for the state examination for Nursing Home Administrators on the basis of your licensure in another state, please have the following certification completed by the Executive Officer of the Board of Examiners of Nursing Home Administrators of the state(s) in which you hold or have held a license as a Nursing Home Administrator.

Name _____

Address _____

TO BE COMPLETED BY STATE BOARD OFFICIAL:

Applicant's name (as shown on your records) _____

Address _____

Social Security Number _____

Telephone Number Home - _____Work - _____

License Number_____ Date Issued _____

Expiration Date _____

Education: High School ? College ? Graduate ? Post Graduate ?

Please mark the highest level

State of Original License _____

Status of License: Active ? Inactive ? Expired ?

Exam Score: Type: NAB ? PES ? Other ? _____

Raw Score_____ Scale Score _____

Date of Exam _____

Did applicant complete an AIT/Practicum Program in your State? Yes ? No ?

If yes, length of AIT/Practicum _____

Is applicant in good standing with your board at this time? Yes ? No ?

If no, please explain _____

_____

Has applicant ever been disciplined by your Board? Yes ? No ?

If yes, please explain _____

_____

Is the applicant currently being investigated for any possible criminal action or future board disciplinary action? Yes ? No ?

If yes, please explain

I certify that the information provided is true and correct, according to the records of the board.

_____ _____

(date) (signature of executive officer)

_____

(State Board)

_____

(address)

_____

(city) (state) (zip)

_____

(area code) (telephone)

PLEASE RETURN TO:

Executive Secretary

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road

Montgomery, Alabama 36106
Author: Jacob L. Cureton, Jr.
Statutory Authority: Code of Ala. 1975, §34-20-12.
History: Amended: Filed January 16, 2001; effective February 20, 2001.

620-X-A-.06 Course Approval Form.

Appendix A - Form 6

State of Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road

Montgomery, Alabama 36106

(334) 271-2342

Request for Course Approval

PLEASE MAKE SURE YOU ATTACH A BROCHURE FOR REVIEW

1. Submitted By: _____

2. Address: _____

3. Course Title: _____

4. Course Date & Location: _____

5. Course Objective and Content: (A short paragraph describing the purpose of the course.)

_____

_____

_____

_____

6. Number of Hours requested _____

(Only count actual classroom hours. No credit can be given to the time spent in registration, coffee breaks, luncheons, dinners, or other nonformalized educational activities such as social hours.)

7. Sponsors of the Course: Name _____

Address _____

_____

_____

Phone _____

8. Principle Faculty/Lectures/Speakers: _____

_____

ANY COURSE NOT RECEIVED IN THE BOE OFFICE AT LEAST 30 DAYS PRIOR TO THE DATE OF THE COURSE WILL NOT BE REVIEWED

Author: Jacob L. Cureton, Jr.
Statutory Authority: Code of Ala. 1975, §34-20-13.
History: Amended: January 16, 2001; effective February 20, 2001.

620-X-A-.07 Application For Administrator-In-Training.

Appendix A - Form 7

State of Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road

Montgomery, Alabama 36106

(334) 271-2342

Application for Administrator-In-Training

Please print clearly or type all answers. If there is no sufficient space, use additional sheets and number accordingly. A copy of your AIT program, A copy of your Preceptor's application and certificate, A copy of the Application for facility training site, A copy of your college degree, and the required fee (see fee schedule), made payable to the AL BOE of Nursing Home Administrators, must be submitted with this application. ***Your application will not be considered complete and therefore will not be reviewed unless all of the above have been received.***

_____

I hereby make application for Administrator-in-Training in the State of Alabama.

E-Mail Address _____ Date: _____

1. Name: _____

(Last) (First) (Middle) (Maiden)

2. Home Address: _____

(Street) (City) (State) (Zip)

3. Business Address: _____

(Street) (City) (State) (Zip)

4. Telephone Number: (Home) _____ (Business) _____

5. Date of Birth: _____ Place of Birth: _____

(Month) (Day) (Year)

6. Are you a citizen of the United States? Yes ? No ? Country

7. Social Security Number: _____

8. Education: (a) Please circle the highest grade completed: 6 7 8 9 10 11 12

(b) Did you graduate? Yes ? No ? Date of Graduation

(c) Name of High School _____

Address: _____

(Street) (City) (State) (Zip)

(d) Name of College or University _____

Address _____

(e) Degree _____

(f) Major undergraduate subjects: _____

(g) Major graduate university subjects: _____

(h) Other educational training: Name

Address: _____

(Street) (City) (State) (Zip)

Dates attended: From _____ To _____

Certificate Received: Yes ? No ?

Subjects: _____

_____

9. Professional Certificates and/or licenses held. (Include such items as fellowships in American College of Hospital Administrators and American College of Health Care Administrators, MD, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each certificate or license you hold or have ever held).

Type of certificate or license	**Name of State or other authority**	**Year of Original issue**	**Year of Latest issue**	**Current or Latest registration number**

10. Have you ever been convicted of a felony? Yes ? No ?

11. Have you ever been treated for illness caused by excessive use of alcohol or narcotics? Yes ? No ?

12. Have you **applied** for licensure by examination in any state or states for license as a nursing home administrator? Yes ? No ? State(s) _____

13. Have you ever had a certificate or other professional license revoked or suspended?

Yes ? No ? If yes, attach an explanation, relevant documents and a description of the current status.

14. Are you currently registered as a nursing home administrator in any other state?

Yes ? No ?

Affidavit of Applicant

_____, on oath, do promise and swear that, if my application is accepted, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that, if I should fail to keep the above agreement or if I have made any false statements in this application, I may not be able to obtain an Alabama Nursing Home Administrators License.

I further state that all the statements are made by me in this application are true and correct.

_____

Signature of Applicant

Sworn to and subscribed before me this

_____ day of _____, _____.

My Commission Expires _____

_____

Notary Public

Author: Lana Davis
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: Amended: Filed January 16, 2001; effective February 20, 2001. **Amended:** Published January 31, 2022; effective March 17, 2022.

620-X-A-.08 Application For Preceptor.

Appendix A - Form 8

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

Application for Preceptor

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

NHA License # _____ Date of Issuance _____

NAME: _____

(Title) (Last) (First) (Middle)

DATE OF BIRTH: _____

(Month) (Day) (Year)

ADDRESS: (Street) _____ (City) _____

(State) _____ (Zip Code) _____

Please give current home address

TELEPHONE: (Home) _____ (Business) _____

Have you had any disciplinary action taken against any professional license you hold? No ? Yes ?

During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

No ? Yes ? If yes, attach copy of relevant documents.

In addition to this license, I hold the following other nursing home administrator licenses: Not Applicable ?

License: _____; _____; _____;

(Title) (Number) (State)

_____; _____; _____;

(Title) (Number) (State)

Please list the names, addresses, and dates of the facilities in which you have been in direct management control over the last three years. *Please list current facilities first*

_____
_____

_____
_____

_____
_____

Please list your experience that would qualify you to supervise the training of an AIT.

_____
_____

_____
_____

_____
_____

_____
_____

Education: *Please submit a copy of all degrees and certificates you have received.*

(a) Please circle the highest grade completed: 6 7 8 9 10 11 12

(b) Did you graduate? Yes ? No ? Date of Graduation _____

(c) Name of High School _____

Address: _____

(Street) (City) (State) (Zip)

(d) Name of College or University _____

Address _____

(e) Degree _____

(f) Major undergraduate subjects: _____

(g) Major graduate university subjects: _____

_____

(h) Other educational training: Name _____

Address: _____

_

(Street) (City)
(State) (Zip)

Dates attended: From _____ To _____

Certificate Received: Yes ? No ?

Subjects: _____

_____

Please submit a copy of your current resume and a copy of your Preceptor Training Certificate.

I hereby certify that the information listed on this application are true and correct to the best of my knowledge and belief.

In witness whereof, I set my hand and seal this _____ day of _____, _____.

_____

(Signature of Applicant)

Sworn to and Subscribed before me this _____ day of _____, _____.

_____

(Notary Public)

My Commission Expires _____ County of _____ State of _____

Author: Jacob L. Cureton, Jr.
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: Amended: January 16, 2001; effective February 20, 2001.

620-X-A-.09 Application For Facility Training Site.

Appendix A – Form 9

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

Application for Facility Training Site

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

NAME OF FACILITY: _____

ADDRESS: (Street) _____ (City) _____

(State) _____ (Zip Code) _____

TELEPHONE: _____ (Fax) _____

NUMBER OF LICENSED BEDS: _____ COUNTY: _____

OWNER: _____

Please provide the following information on the facility key staff and department heads:

NAME POSITION IN FACILITY DATE HIRED WORK HOURS TYPE OF LICENSE HELD LICENSE #

_____
_____

_____
_____

_____
_____

_____
_____

_____
_____

_____
_____

_____
_____

_____
_____

_____

_____

_____

_____

_____

_____

PLEASE ATTACH THE LATEST COPY OF YOUR SURVEY REPORT (HCFA 2567) WHICH INCLUDES YOUR PLAN OF CORRECTION AND A COPY OF YOUR FACILITY LICENSE ISSUED FROM THE DIVISION OF LICENSURE AND CERTIFICATION.

Author: Jacob L. Cureton, Jr.
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: Amended: January 16, 2001; effective February 20, 2001.

620-X-A-.10 AIT Program Outline - 1000 Hour Program.

Appendix A – Form 10

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

AIT PROGRAM OUTLINE - 1000 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 440 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/VOLUNTEER	_____
MEDICAL RECORDS	_____	REHABILITATION SERVICES	_____
MEDICAL/ALLIED HEALTH	_____	PHARMACEUTICAL PROGRAM	_____

OPERATIONS: (A minimum of 270 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 260 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 (30 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)

Author: Lana Davis, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: **Amended:** January 16, 2001; effective February 20, 2001.
Amended: Filed September 11, 2003; effective October 16, 2003.
Amended: Filed July 21, 2017; effective September 4, 2017.
Amended: Published January 31, 2022; effective March 17, 2022.

620-X-A-.11 AIT Program Outlined - 2000 Hour Program.

Appendix A – Form 11

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

AIT PROGRAM OUTLINE - 2000 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 880 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/VOLUNTEER	_____
MEDICAL RECORDS	_____	REHABILITATION SERVICES	_____
MEDICAL/ALLIED HEALTH	_____	PHARMACEUTICAL PROGRAM	_____

OPERATIONS: (A minimum of 540 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 520 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 (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 agreed to complete this AIT program of _____ hours under my personal supervision.

_____

(Signature of Preceptor)

AL NHA License # _____

_____

(Signature of AIT)

Author: Lana Davis, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: **Amended:** January 16, 2001; effective February 20, 2001.
Amended: Filed September 11, 2003; effective October 16, 2003.
Amended: Filed July 21, 2017; effective September 4, 2017.
Amended: Published January 31, 2022; effective March 17, 2022.

620-X-A-.12 Certification Of Program Completion - 1000 Hour Program.

Appendix A – Form 12

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

CERTIFICATION OF PROGRAM COMPLETION - 1000 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 440 hours) **TOTAL HOURS** _____

OPERATIONS: (A minimum of 270 hours) **TOTAL HOURS**

ENVIRONMENT AND QUALITY: (A minimum of 260 hours) **TOTAL HOURS**

OTHER (30 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)
Author: Lana Davis, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: **Amended:** January 16, 2001; effective February 20, 2001.
Amended: Filed September 11, 2003; effective October 16, 2003.
Amended: Filed July 21, 2017; effective September 4, 2017.
Amended: Published January 31, 2022; effective March 17, 2022.

620-X-A-.13 Certification Of Program Completion - 2000 Hour Program.

Appendix A – Form 13

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)
Author: Lana Davis, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: **Amended:** January 16, 2001; effective February 20, 2001.
Amended: Filed September 11, 2003; effective October 16, 2003.
Amended: Filed July 21, 2017; effective September 4, 2017.
Amended: Published January 31, 2022; effective March 17, 2022.

620-X-A-.14 AIT Quarterly Report Form.

Appendix A - Form 14

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

AIT QUARTERLY REPORT FORM

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

AIT reports are to be sent in every three months following the start of training. Prior to the end of each three month period, a report form will be sent to you for completion. The AIT report shall be used to list experience gained since the date your training started.

NAME: _____ Date _____

(Title) (Last) (First) (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: _____

THIS REPORT COVERS THE PERIOD FROM _____ TO _____

DURING THIS PERIOD I RECEIVED _____ HOURS OF AIT TRAINING AND I WORKED _____ DAYS PER WEEK.

For Additional Comments: use reverse side of this form and/or additional pages.

1. List assignments and departments with time spent in each:

2. Summary of learning experiences:

3. Brief analysis of any problems observed, new experiences, insights gained:

4. Statement of any problems that arose during the training:

5. Visits outside the facility, educational conferences attended:

I hereby certify that the information listed on this report form are true and correct to the best of my knowledge and belief.

_____

(Signature of AIT)

The training that I have listed was supervised by: _____

TO BE COMPLETED BY THE SUPERVISING LICENSED NURSING HOME ADMINISTRATOR:

I certify that the AIT under my supervision has had the training listed and that this AIT received _____ hours of training and worked _____ days per week during this period.

_____

(Signature of Preceptor)

Author: Jacob L. Cureton, Jr.
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: Amended: January 16, 2001; effective February 20, 2001.

620-X-A-.15 Application For Temporary Manager (Repealed 4/17/12).

Appendix A - Form 15

Application for Temporary Manager

(Repealed 4/17/12)

Author: Jacob L. Cureton, Jr.
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: Amended: January 16, 2001; effective February 20, 2001.
Repealed: Filed March 13, 2012; effective April 17, 2012.

620-X-A-.16 Application For Preceptor Recertification.

Appendix A – Form 16

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

Application for Preceptor Recertification

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

NHA License # _____ Date of Issuance _____

Preceptor License # _____ Date of Issuance _____

NAME: _____

(Title) (Last) (First) (Middle)

DATE OF BIRTH: _____

(Month) (Day) (Year)

ADDRESS: (Street) _____ (City) _____

(State) _____ (Zip Code) _____

Please give current home address

TELEPHONE: (Home) _____ (Business) _____

During the last three years, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

No ? Yes ? If yes, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses: Not Applicable ?

License: _____; _____; _____

(Title) (Number) (State)

_____; _____; _____

(Title) (Number) (State)

Have you had any disciplinary action taken against any professional license you hold? No ? Yes ?

Please list the names, addresses, and dates of the facilities in which you have been in direct management control over the last three years. *Please list current facilities first*.

_____
_____

_____
_____

_____
_____

Please list the names of all the AITs in which you precepted over the last three years. *Please list current AITs first*

_____
_____

_____
_____

_____
_____

Please submit a copy of your current resume and a copy of your Preceptor Recertification Training Certificate.

I hereby certify that the information listed on this application are true and correct to the best of my knowledge and belief.

In witness whereof, I set my hand and seal this _____ day of _____,_____.

_____
(Signature of Applicant)

Sworn to and Subscribed before me this _____ day of _____,_____.

_____
(Notary Public)

My Commission Expires _____ County of _____ State of _____

Author: Jacob L. Cureton, Jr.
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: Amended: January 16, 2001; effective February 20, 2001.

620-X-A-.18 AIT Program Outline - 200 Hour Program.

Appendix A – Form 18

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

AIT PROGRAM OUTLINE - 200 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 88 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/VOLUNTEER	_____
MEDICAL RECORDS	_____	REHABILITATION SERVICES	_____
MEDICAL/ALLIED HEALTH	_____	PHARMACEUTICAL PROGRAM	_____

OPERATIONS: (A minimum of 54 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 52 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 (6 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)

Author: Lana Davis, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: **Amended:** January 16, 2001; effective February 20, 2001.
Amended: Filed September 11, 2003; effective October 16, 2003.
Amended: Filed July 21, 2017; effective September 4, 2017.
Amended: Published January 31, 2022; effective March 17, 2022.

620-X-A-.19 Certification Of Program Completion - 200 Hour Program.

Appendix A – Form 19

Alabama Board of Examiners of Nursing Home Administrators

4156 Carmichael Road, Montgomery, Alabama 36106

(334) 271-2342

CERTIFICATION OF PROGRAM COMPLETION - 200 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 88 hours) **TOTAL HOURS** _____

OPERATIONS: (A minimum of 54 hours) **TOTAL HOURS** _____

ENVIRONMENT AND QUALITY: (A minimum of 52 hours) **TOTAL HOURS** _____

OTHER (6 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)
Author: Lana Davis, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: **Amended:** January 16, 2001; effective February 20, 2001.
Amended: Filed September 11, 2003; effective October 16, 2003.
Amended: Filed July 21, 2017; effective September 4, 2017.
Amended: Published January 31, 2022; effective March 17, 2022.

620-X-A-.20 AIT Program Outline - 500 Hour Program.

Appendix A – Form 20

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/VOLUNTEER	_____
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)

Author: Lana Davis, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: New Form: January 16, 2001; effective February 20, 2001.
Amended: Filed September 11, 2003; effective October 16, 2003.
Amended: Filed July 21, 2017; effective September 4, 2017.
Amended: Published January 31, 2022; effective March 17, 2022.

620-X-A-.21 Certification Of Program Completion - 500 Hour Program.

Appendix A – Form 21

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)
Author: Lana Davis, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-9.
History: New Form: January 16, 2001; effective February 20, 2001.
Amended: Filed September 11, 2003; effective October 16, 2003.
Amended: Filed July 21, 2017; effective September 4, 2017.
Amended: Published January 31, 2022; effective March 17, 2022.

620-X-A-.22 Fee Schedule.

Appendix A - Form 22

ALABAMA BOARD OF EXAMINERS OF

NURSING HOME ADMINISTRATORS

FEE SCHEDULE

EFFECTIVE 1/31/2010

STATE (RECIPROCITY) WRITTEN EXAM	$350.00
RENEWAL	$125.00
APPLICATION	$150.00
EMERGENCY PERMIT	$750.00
ORIGINAL LICENSE	$150.00
AIT APPLICATION (200-1000 HR)	$100.00
AIT APPLICATION (2000 HOUR)	$150.00
PRECEPTOR CERTIFICATION	$100.00
PRECEPTOR RECERTIFICATION	$100.00
LATE RENEWAL PENALTY	$400.00
RECIPROCITY QUESTIONNAIRE	$75.00
INACTIVE REACTIVATION FEE	$400.00
BAD CHECK RETURN FEE	$ 25.00
COPIES (PER PAGE)	$1.00 (per page 1-25)
	$0.25 (per page 26+)

Author: Pam Penland, Chairman
Statutory Authority: Code of Ala. 1975, §34-20-7.
History: New Form: Filed December 8, 2006; effective January 12, 2007. **Amended:** Filed December 10, 2009; effective January 14, 2010.

620-X-A-.23 Public Records Request Form.

Appendix A – Form 23

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

Public Records Request Form

Complete and submit this form to make a public records request. All fields must be completed with accurate information for your request to be processed.

Payment of fees will be required before your request is fulfilled. You will be notified of the fees incurred prior to fulfilling your request.

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

Requestor's Contact Information:

NAME: _____

ADDRESS: (Street) _____ (City) _____

(State) _____ (Zip Code) _____

PHONE NUMBER: _____ DATE OF REQUEST: _____

E-MAIL ADDRESS: _____

My signature indicates I am willing to pay $20 per hour to process the request in addition to $.50 per page.

I am willing to pay up to $_____ in processing fees without prior notice by the agency.

_____ _____
Signature Date

Alabama Nursing Home Administrator Records Requested

Nursing Home Administrator Name: _____

License Number: _____

Time Frame of Records Requested *(days, months, years, etc.)* _____

Records requested:
Records requested must be as specific as possible (licensure application, renewal information, disciplinary action, etc.), requests that are overly broad may qualify as time-intensive requests and will take longer to respond to.

_____

_____

_____

Author: Katrina G. Magdon, Executive Secretary
Statutory Authority: Code of Ala. 1975, §34-20-5.

History: New Rule: Published July 31, 2023; effective September 14, 2023.