

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 620 Department or Agency Alabama Board of Examiners of Nursing Home Administrators

Rule No. Appendix A Form 21

Rule Title: Certification of Program Completion - 500 hour

New XXX Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

\*\*\*\*\* Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full Compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer Patricia B. Magdon Date 4/12/17

**Alabama Board of Examiners of Nursing Home Administrators**  
**4156 Carmichael Road**  
**Montgomery, Alabama 36106**

**NOTICE OF INTENDED ACTION**

The Alabama Board of Examiners of Nursing Home Administrators intends to adopt amendments to its existing rules and regulations as follows:

**Rule No. & Title:** Appendix A Form 10 AIT Program Outline – 1000 hour  
Appendix A Form 11 AIT Program Outline – 2000 hour  
Appendix A Form 12 Certification of Program Completion – 1000 hour  
Appendix A Form 13 Certification of Program Completion – 2000 hour  
Appendix A Form 18 AIT Program Outline – 200 hour  
Appendix A Form 19 Certification of Program Completion – 200 hour  
Appendix A Form 20 AIT Program Outline – 500 hour  
Appendix A Form 21 Certification of Program Completion – 500 hour

**Intended Action:** The Alabama Board of Examiners of Nursing Home Administrators proposes to amend the following rules: Appendix A – Form 10, Appendix A – Form 11, Appendix A – Form 12, Appendix A – Form 13, Appendix A – Form 18, Appendix A – Form 19, Appendix A – Form 20, and Appendix A – Form 21.

**Substance of Proposed Action:** The Board is proposing to change the name of the Domains of Practice and the number of hours required for each Domain of Practice on all Administrator in Training forms to be consistent with national standards as set out by the National Association of Long Term Care Administrator Boards (NAB).

**Time, Place, manner of Presenting Views:** Interested persons may present their views orally or in writing to the executive Secretary of the Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama 36106. Requests for copies of the proposed amendments should be addressed to Katrina G. Magdon, Executive Secretary (334) 271-2342 or can be viewed on the Board web site at [www.alboenha.state.al.us](http://www.alboenha.state.al.us).

**Final Date for Comment and Completion of Notice:** Deadline for comments is June 5, 2017.

**Contact Person at Agency:** Katrina G. Magdon, Executive Secretary, Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama, 36106, (334) 271-2342, [kmagdon@anha.org](mailto:kmagdon@anha.org).

  
Katrina G. Magdon, Executive Secretary

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: \_\_\_\_\_

**CUSTOMER CARE, SUPPORTS, AND SERVICES RESIDENT CARE AND QUALITY OF LIFE: (A minimum of 165 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.*

**HUMAN RESOURCES: (A minimum of 70 68 hours) TOTAL HOURS \_\_\_\_\_**

*Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.*

**FINANCE: (A minimum of 65 68 hours) TOTAL HOURS \_\_\_\_\_**

*Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.*

**~~PHYSICAL ENVIRONMENT AND ATMOSPHERE:~~ (A minimum of 63 hours) TOTAL HOURS \_\_\_\_\_**

*Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.*

**LEADERSHIP AND MANAGEMENT: (A minimum of 110 123 hours) TOTAL HOURS \_\_\_\_\_**

*Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, survey, certification, enforcement, quality improvement models and management information systems.*

**OTHER (13 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)