

**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

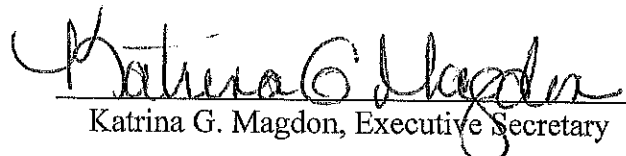
Intended Action: The Alabama Board of Examiners of Nursing Home Administrators proposes to amend the following rules: Appendix A – Form 10, Appendix A – Form 11, Appendix A – Form 12, Appendix A – Form 13, Appendix A – Form 18, Appendix A – Form 19, Appendix A – Form 20, and Appendix A – Form 21.

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.

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.


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 - 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: _____

CUSTOMER CARE, SUPPORTS, AND SERVICES ~~RESIDENT CARE AND QUALITY OF LIFE:~~ (A minimum of 330 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 140 ~~135~~ 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 130 ~~135~~ 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 125 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 220 ~~245~~ hours) TOTAL HOURS _____

Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, residents' rights, and community services.

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)