

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 20

Rule Title: AIT Program Outline - 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.

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 G. Magdon

Date 4/12/17

DATE FILED
(STAMP)

**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

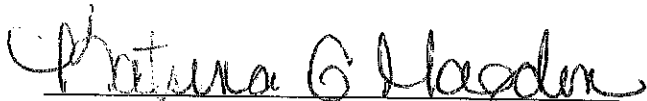
Intended Action: The Alabama Board of Examiners of Nursing Home Administrators proposes to amend the following rules: Appendix A – Form 10, Appendix A – Form 11, Appendix A – Form 12, Appendix A – Form 13, Appendix A – Form 18, Appendix A – Form 19, Appendix A – Form 20, and Appendix A – Form 21.

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**

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: _____

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.

NURSING _____	SOCIAL SERVICES _____
DIETARY _____	RECREATION/VOLUNTEERS _____
MEDICAL RECORDS _____	REHABILITATION SERVICES _____
MEDICAL/ALLIED HEALTH _____	PHARMACEUTICAL PROGRAM _____

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.

ADMINISTRATION _____

FINANCE: (A minimum of 65 68 hours) TOTAL HOURS _____

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

BUSINESS _____

~~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.

HOUSEKEEPING/LAUNDRY _____ MAINTENANCE _____

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 agreed to complete this AIT program of _____ hours under my personal supervision.

(Signature of Preceptor)

AL NHA License # _____

(Signature of AIT)