

# Modification of Administrator-in-Training Hours Request

Return this completed form with both original and new outlines of training hours, and explanations to the following address:

**Nursing Home Administrator Program  
P.O. Box 997416, MS 3302  
Sacramento, CA 95899-7416**

## SECTION I

Name (Last)	(First)	(M.I.)	AIT #
Preceptor Name (Last)	(First)	Preceptor #	NHA #

## SECTION II

**CHECK THE APPROPRIATE BOX/BOXES AND PROVIDE A BRIEF EXPLANATION FOR YOUR REQUEST TO MODIFY THE 1,000 AIT HOURS (ATTACH 1,000 HOUR OUTLINE, REDUCED HOUR OUTLINE, DOCUMENTS VERIFYING YOUR EXPLANATION AND AN EXPLANATION FROM AIT AND PRECEPTOR):**

Education:

Work Experience:

## SECTION III

**TO BE FILLED OUT BY PRECEPTOR:**

Preceptor approves new outline:  YES  NO

Number of training hours proposed: \_\_\_\_\_

Number of hours per week AIT will be training: \_\_\_\_\_

Number of hours you the preceptor will personally be training AIT: \_\_\_\_\_

**CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed this application may be rejected.**

*I certify under penalty of the perjury laws of the State of California that the information I have entered on this application is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this AIT application and/or disqualifications of the AIT's hours with NHAP. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California NHAP*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### IMPORTANT INFORMATION

- Form must be completely filled out, signed and dated.
- AIT must submit a 1,000 hour outline as well as the reduced hour outline in order to compare the modifications.
- A letter from the AIT requesting reduction and explaining how he/she qualifies must be attached.
- A letter from the preceptor supporting reduction of hours must also be attached.
- Requests for reduction in hours will **NOT** be accepted after the second quarter of training.

### HOW TO COMPLETE THE MODIFICATION OF TRAINING HOURS REQUEST

SECTION I- Complete this section by filling in the requested information. All information requested is required.

SECTION II- Complete this section by checking the appropriate box.

SECTION III- Check appropriate box and enter information needed.