# AIT CERTIFICATION
# OF
# PROGRAM COMPLETION

**Name of AIT:** _____ _____ _____
**First** **Middle** **Last**

**Place of Training:** _____

**Address:** _____ _____ _____
**Street** **City** **State**

**Telephone:** _____

**Date AIT began:** _____ **Completed:** _____

**1,000 Hour AIT - Number of weeks/hours spent in:**

**1. <u>RESIDENT CARE AND QUALITY OF LIFE</u>:**

- **a. Nursing** _____
- **b. Medical/Patient Records** _____
- **c. Dietary** _____
- **d. Rehab Services** _____
- **e. Activity/Social Services** _____

**2. <u>HUMAN RESOURCES:</u>**

- **a. Human Resources** _____
- **b. Payroll/Benefits** _____
- **c. Staff Development** _____

**3. <u>FINANCE:</u>**

- **a. Business Office** _____
- **b. Central Supply Services** _____

**4. <u>PHYSICAL ENVIRONMENT AND ATMOSPHERE:</u>**

- **a. Environment Maintenance** _____
- **b. Housekeeping** _____
- **c. Laundry** _____

**5. LEADERSHIP AND MANAGEMENT:**

**a. Administration** _____

**b. Additional Clinical Experience** _____

**200 Additional AIT Hours (if required):**

**a. Resident Care (65 hrs)** _____

**b. Personnel Management (45 hrs)** _____

**c. Financial Management (25 hrs)** _____

**d. Maintenance, Housekeeping & Laundry (25 hrs)** _____

**e. Administration (40 hrs)** _____

**TOTAL NUMBER OF WEEKS/HOURS IN AIT TRAINING PROGRAM:** _____

**I, as Preceptor, certify that the AIT whose signature appears below has satisfactorily completed his/her AIT Program of _____ weeks/hours under my personal supervision.**

**I also understand that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.**

_____

**Preceptor Signature**

_____

**License Number**

_____

**Date**

**I, as AIT, have completed the AIT Program as described above, and understand that providing the Board with false or misleading information could result in my disqualification for licensure.**

_____

**AIT Signature**

_____**Date**