

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