INSTRUCTIONS FOR ADMINISTRATOR IN TRAINING [AIT] APPLICATION
NURSING HOME ADMINISTRATOR

Please read these instructions carefully. All AIT supporting materials must be submitted at the same time. Applications will not be reviewed by the Board until all documentation has been received.

General Information About the Application Process:

To facilitate the processing of your application, please ensure that you provide all the information requested. **DO NOT LEAVE BLANKS.** If you are unable to provide the requested information, attach a separate sheet with an explanation. Missing information will delay the processing of your application.

As an applicant, it is your responsibility to ensure that ALL supporting documentation for licensure is sent directly to the Board and to check with the Board on the status of your application.

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. **Incomplete applications will be returned to applicant.**

1. **THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TOGETHER BY MAIL:**
   a. Completed application form, signed and dated by the applicant and notarized.
   b. 2x2 passport style color photo (white or off-white background); copies and printer generated photos are not acceptable.
   c. Check or money order payable to the Commonwealth of Massachusetts for $75.00; cash or foreign currency is not accepted.
   d. Signed and notarized Criminal Offender Record Information (CORI) Acknowledgement Form obtained from the Board’s website.
   e. Written request from the applicant for the proposed AIT internship, including the name of the preceptor, the facility at which the training will take place, number of beds and any requests for credit for academic and/or professional experience.
   f. Letter from the proposed preceptor to the Board requesting that he/she be approved as the preceptor. The preceptor must be a Massachusetts licensed administrator in good standing with at least five years of Nursing Home Administration experience.
g. Detailed outline of the proposed Internship.

NOTE A: the Preceptor Guidelines cannot be submitted as the internship outline.

NOTE B: Once approved, the preceptor must submit a 3 and 6 months progress reports with completed hours directly to the Board of Registration of Nursing Home Administrators, Division of Health Professions Licensure, 239 Causeway Street, Suite 500, Boston, MA 02114.

h. Signed agreement between the preceptor and the candidate. The agreement must state where the training is to be held, number of beds in the facility, and if it is a multi-level or skilled facility.

i. Current resume.

2. **THE FOLLOWING DOCUMENTS MUST BE RECEIVED BY THE BOARD IN SIGNED, SEALED ENVELOPES:**
   a. Official transcripts in signed, sealed envelopes for all undergraduate degrees and any other post-secondary degrees. When requesting official transcripts, please inform each school's registrar that the transcript must be complete and indicate the degree and date conferred in mm/dd/yyyy format. Transcripts may be sent directly to the Board by the institutions.

   b. Verification of licensure status, in signed, sealed envelopes, from any state or jurisdiction in which you now or have previously held any professional license. Verifications must be sent directly to the Board by the state or jurisdiction.

   c. If you hold, or have ever held, any professional license or certification, you must request a National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank Self-Query and submit the Original report in a signed and sealed envelope with this application. To request a Self Query, please contact the National Practitioner Data Bank at 1-800-767-6732 or http://www.npdb.hrsa.gov/. Keep a copy for your records.

   NOTE: If you do NOT hold and have never held any professional licenses in any other state, you do not need to submit a National Practitioner Data Bank self-query.

3. THE Board will notify AIT candidates in writing if the proposed program is approved and the start date of the program.

4. AT the completion of the AIT program, the Preceptor must submit a final report to the Board for approval. When your AIT program has been completed and approved by the Board, you will be notified by letter of the procedure for taking the licensure examination. You will also be notified to submit the Administrator Affidavit Certificate of Internship Training.

5. Applications are void if requirements for the administrator in training program are not met within one (1) year from the date of Board receipt of this application. **All fees are non-refundable and non-transferable.**
6. Submission of a completed application acknowledges that the applicant understands and agrees to provisions herein.

7. Applications must be submitted on single-sided pages.

8. Retain a copy of the complete application and supporting documentation for your records.

**IMPORTANT INFORMATION**

An administrator in training applicant/trainee must notify the Board in writing of any changes in the applicant/trainee’s information within thirty (30) days of their occurrence, including but not limited to any change of address and any name change.

The address of record is where the Board mails your license and any correspondence. **Failure to update your address of record may result in failure to receive a license renewal application.**

Your address is a PUBLIC RECORD that is available to anyone who requests it. Address changes may be done online at the board’s website www.mass.gov/dph/boards/nh or you may obtain a form online to submit to the Board’s office.

Answers to many questions may be found on the Board’s website (www.mass.gov/dph/boards/nh). Statutes and regulations governing the AIT Program may be found on the website; they are also available for purchase from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.

For further information, please contact the Board office at 1-800-414-0168 or 617-973-0806.
APPLICATION AND CHECKLIST
NURSING HOME ADMINISTRATOR IN TRAINING PROGRAM

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. Incomplete applications will be returned to applicant.

The following must be included for a complete application. Please complete and enclose this checklist with your application. Applications will not be reviewed by the Board until they are complete. Applications must be mailed to the above address in one envelope.

☐ Completed Application Form with:
  ☐ Signed and notarized affidavit
  ☐ 2x2 passport style color photo
  ☐ Signed and notarized Criminal Offender Record Information (CORI) Acknowledgement Form
  ☐ Check or money order payable to the Commonwealth of Massachusetts for $75.00.

☐ Letter from the candidate to the Board requesting approval to be an AIT(include name of the proposed preceptor, the facility where the AIT will take place, and any requests for credit for academic and/or work experience).

☐ Letter from Preceptor to Board requesting that he/she be approved as the preceptor(preceptor must be a MA licensed administrator in good standing with at least five years of nursing home administrator experience).

☐ Detailed outline of the proposed internship.

☐ Letter of agreement between the candidate and the preceptor stating that they agree to the terms of the proposed internship.
☐ Resume

☐ Official transcripts (in signed and sealed envelopes)

☐ Verification of licensure status from any state or jurisdiction in which you now or have previously held any professional license (in signed and sealed envelopes, and sent directly to the Board by the state or other jurisdiction).

☐ Original report form National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank if you hold, or have ever held, a professional license.

☐ Application must be submitted on single-sided paper.
### COMMONWEALTH OF MASSACHUSETTS
### EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
### DEPARTMENT OF PUBLIC HEALTH
### DIVISION OF HEALTH PROFESSIONS LICENSURE
### BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS
### 239 CAUSEWAY STREET, SUITE 500
### BOSTON, MA 02114
### 800-414-0168
### 617-973-0806
### www.mass.gov/dph/boards/nh

**ALL QUESTIONS MUST BE COMPLETED
ADMINISTRATOR IN TRAINING PROGRAM (AIT) APPLICATION FEE - $75.00**

1. **APPLICANT NAME:**

   Last    First    Middle

2. **MAIDEN NAME/OFFER NAME:**

3. **ADDRESS OF RECORD:**

   No.                      Street                      Apt

   City                      State                      Zip Code

4. **MOST RECENT PREVIOUS ADDRESS:**

   (different to Address of Record)

   No.                      Street                      Apt

   City                      State                      Zip Code

5. **TELEPHONE NUMBER:**

   Day:_______________________    Cell:___________________________

6. **ARE YOU A U.S. CITIZEN?**

   Yes □    No □

7. **Date of Birth (mm/dd/yyyy)**

   Place of Birth (city/state/country)

   **HEIGHT:** Feet ___ Inches    **WEIGHT:** Lbs.    **EYE COLOR:**

   **Sex:** M □ F □ (Circle One)    **MOTHER’S MAIDEN NAME:**

   **Email:**

8. **SOCIAL SECURITY NUMBER (SSN) (disclosure is mandatory):**

   Pursuant to G.L. c. 62C, s. 47A, the Division of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s. 47A) and child support laws (G.L. c. 119A, s.16).

### FOR BOARD USE ONLY

**Application Number:**

**Receipt Number:**

**AIT Number:**

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**APPLICATION FOR ADMINISTRATOR IN TRAINING**
**BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS**
**REVISED 4-2015  PAGE 6 OF 10**
9. BACHELOR’S DEGREE SCHOOL NAME/LOCATION: ____________________________________________
____________________________________________________________________________________
DEGREE: ____________________________ DATE AWARDED: _____/_____/______
(mm/dd/yyyy)

Submit official transcript in a signed, sealed envelope. Transcripts must be mailed directly to the Board.

10. OTHER POST-SECONDARY INSTITUTION(S)/LOCATION(S): _____________________________________
____________________________________________________________________________________
DEGREE: ____________________________ DATE AWARDED: _____/_____/______
(mm/dd/yyyy)

Submit official transcript in a signed, sealed envelope. Transcripts must be mailed directly to the Board.

Please list additional post-secondary institutions on a separate sheet and request that transcripts be submitted directly to the Board as noted above.

**VERIFICATION OF OTHER LICENSES/BOARD CERTIFICATIONS**

11. LIST BELOW ALL OTHER PROFESSIONAL LICENSES AND BOARD CERTIFICATIONS EVER HELD; INCLUDE ALL STATES AND JURISDICTIONS

☐ I DO NOT CURRENTLY HOLD AND HAVE NEVER HELD A PROFESSIONAL LICENSE OR CERTIFICATION IN ANY STATE OR JURISDICTION.

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APPLICANTS MUST ARRANGE FOR OFFICIAL DOCUMENTATION OF CURRENT LICENSE STATUS FROM EACH STATE OR JURISDICTION TO BE MAILED DIRECTLY TO THE BOARD.
QUESTIONS

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES.

12. Have you ever been denied a license, or ever withdrawn or attempted to withdraw an application, for any professional license in the United States or any country or foreign jurisdiction?
   Yes □ No □

13. Has any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?
   Yes □ No □

14. Are you the subject of any pending disciplinary action by any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction?
   Yes □ No □

15. Have you ever voluntarily surrendered or resigned any professional license or board certification in the United States or any country or foreign jurisdiction?
   Yes □ No □

16. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of $250 or less was imposed.
   Yes □ No □

17. Have you ever been court martialed or other than honorably discharged from the armed services (military) of the United States or of any country or foreign jurisdiction?
   Yes □ No □
RELEASE

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Registration of Nursing Home Administrators any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Registration of Nursing Home Administrators to release information contained in this application in association with its processing.

AFFIDAVIT OF APPLICANT

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for the AIT program I understand that a CORI check may be conducted by the Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as an administrator in training in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for the administrator in training program shall be deemed no longer valid if requirements are not met within one (1) year from the date of Board receipt. I also understand that fees are non-refundable and non-transferable.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application be grounds for the Board of Registration of Nursing Home Administrators to deny the application; and to suspend or revoke permission to participate in the program, all in accordance with Massachusetts law.

APPLICANT SIGNATURE ___________________________ DATE _______________

PRINT NAME __________________________________________

NOTARY NAME: _______________________________________

COMMISSION EXPIRES: ___________________________ [Seal]

INCLUDE A NONREFUNDABLE, NONTRANSFERABLE FEE OF $75.00 (CHECK OR MONEY ORDER) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS
I. **GENERAL ADMINISTRATION**
- Corporate Structure
- Methods of Supervision
- Pre-Admission and Admission of Patient
- Business Correspondence
- Employer-Employee Relations
- State and Federal Regulation
- Relationships with Dept. of Public Welfare
- Financial Records

II. **NURSING**
- Knowledge of Nursing Functions
- The Director of Nurses, RN’s, LPN’s & Aides
- Physician Responsibilities
- Tour of Stations
- Medical Records
- Drug Routines & Requirements

III. **DIETARY**
- The Dietary Staff
- Food Preparation & Services
- Record Keeping
- In-Service Education
- Staff Meetings

IV. **HOUSEKEEPING, MAINTENANCE & LAUNDRY**
- Philosophy and Goals of Department
- Administering Duties
- Record Keeping

V. **SOCIAL SERVICES & CONSULTANT**
- Admission Procedures
- Transfer Procedures
- Discharge Procedures
- Family Counseling
- The Social Worker
- The Physical Therapist
- The Occupational Therapist
- The Dietician
- The Pharmacist

VI. **PERSONNEL MANAGEMENT**
- Philosophy and Goals of Department
- Personnel Policies, Procedures, & Requirements
- Counseling & Coordination
- Problem Solving/Union Relations
- Wages & Benefits

VII. **BUSINESS OFFICE**
- Methods of Bookkeeping
- Billing Procedures
- Payroll
- Purchasing Procedures
- Insurance Consideration
- Medicare/Medicaid, Commercial, VA, private sources of reimbursement and regulations regarding each source.