



# Administrator-In-Training (AIT)

## Who should take this course?

People who are currently working in a long-term care facility who plan to take the National Association of Long-Term Care Administrator Boards (NAB) exams and the Arkansas State exam, but do not meet the educational requirements set forth in the Rules and Regulations governing Nursing Home Administrator Licensure. Applicants must meet the eligibility criteria listed on the AIT Application check list.

## Is this course required if I wish to sit for the NAB or Arkansas State exam?

No, this course is designed for individuals who do not have the education or work experience to be eligible for licensure exams. It is not required for individuals who qualify based on the Rules and Regulations for Nursing Home Administrator Licensure.

## Will this course or the AHCF help me find a job?

After passing this course, you must take and pass both NAB exams (Core and Line of Service) and the Arkansas State exam within 6 months to become a licensed administrator. Completing this course is not a guarantee of a job as an administrator, nor is it a substitution for the NAB exams (Core and Line of Service) and the Arkansas State exam. The AHCF does not provide or assist candidates with employment.

## What will I do in this course?

The AIT course is composed of two components: Classroom instruction and facility-based instruction with a certified preceptor. AITs will be required to complete the facility-based instruction at a local skilled nursing facility which employs a qualified administrator who has agreed to serve as the AIT's preceptor. The preceptor will determine the AIT's specific schedule, but each AIT will be expected to complete 568 hours of facility-based instruction over 16 weeks.

## How is the class structured?

The course is offered one time per year. Students will attend four in-person sessions for the classroom portion of the course at AHCF's training center located in Little Rock. Each classroom session will be two days long for a total of 72 hours of classroom instruction. AIT students will work with their preceptor for their facility-based training to take place over the course of 16 weeks.

## Will the AHCF help me find a preceptor?

The AHCF does not provide placement services for the program. You must have a qualified administrator, willing to take a workshop provided each year by the AHCF, prior to the start of the course. Qualifications for a preceptor are as follows:

- Must have held an Arkansas Nursing Home Administrator License for at least 3 years
- Must be currently employed as a Licensed Nursing Home Administrator or hold a management position while maintaining an active nursing home administrator license in Arkansas
- No repeat findings of substandard quality of care or immediate jeopardy within the last 3 years
- At least 21 years of age
- Attend Preceptor workshop provided by AHCF

## How long is this course?

This course is 16 weeks total and is comprised of classroom instruction and facility-based instruction. AITs must complete 72 hours of classroom instruction as scheduled by AHCF. AITs must complete 568 hours of facility-based instruction under the supervision of a certified preceptor at a skilled nursing facility. Classroom instruction and facility-based instruction should be completed in entirety by the end of the 16-week course.

## What is the attendance policy?

The attendance policy for classroom instruction is extremely rigorous and strict. If a student must leave a classroom session due to unpreventable circumstances, the student will be required to drop the course and re-enroll in the course at a later date. Each AIT must complete both sections of the program, classroom instruction and facility-based instruction, in their entirety without interruptions before a certificate of completion can be issued.

## Can I audit this course?

Yes, if you already qualify for the NAB and state licensure examinations you may audit this course. When auditing the course, you will complete 72 hours of classroom instruction only. The facility-based instruction is omitted. The cost to audit the course is \$500.

## What is the cost of the application?

There is a \$100 non-refundable application fee that, if accepted into the program, is applied to the total cost of the course. If an applicant is not accepted into the AIT course, they forfeit the application fee.

## What is the cost of the course?

The cost of the entire course is \$900. This includes classroom instruction, materials and lunch during in-person class days.

## What happens after I complete the course?

Once an AIT has completed 568 hours of facility-based instruction, the AIT and the preceptor will complete an overall performance evaluation that will indicate whether or not the AIT has satisfactorily completed the facility-based instruction component. This evaluation will be placed in the AIT's file.

Once the AIT has satisfactorily met all requirements for the course, AHCF will issue a certificate of completion to the AIT. The AIT must then apply to take the Arkansas State exam through the Department of Human Services (DHS). AITs will complete a new application through DHS and provide the AIT course certificate of completion in addition to applicable materials and other fees as set by DHS. **Completion of the AIT program does not guarantee approval by DHS to sit for nursing home administrator licensure exams.** DHS will notify the AIT of approval to take both sections of the NAB exam first. The NAB exam scores will be sent back to DHS. If the AIT achieves passing scores on the NAB exam, DHS will send information regarding a time to take the Arkansas State exam. State testing is currently offered a minimum of four times per year; scheduling is subject to change at DHS's discretion.

Exams must be attempted within 6 months of completion of the AIT course. If an AIT scores below passing, they will be required to complete an additional course of study determined by DHS and AHCF.

## What is the cost of the DHS application?

### Pricing as of August 2023

\$100 licensure fee to accompany the application packet mailed to DHS

\$25 Criminal Background Check fee if necessary

No additional fees required for the Arkansas State exam

## What is the cost of the NAB?

### Pricing as of August 2023

\$440 for both the Core and LOS exams

(includes \$75 non-refundable processing fee)

More information is available at [www.nabweb.org](http://www.nabweb.org)

## AIT Application Check List

**You must meet ALL of the following requirements before applying for admission to the program.**

- Possess a high school diploma or GED
- Submit to a background check
- Be at least 21 years old
- Complete AIT application and include all requested documentation
- Pay \$100 application fee plus \$800 course fee totaling \$900
- Have a certified preceptor who has agreed to the mentorship
- Plan to take the NAB and State licensure exams within 6 months of AIT course completion

**You must meet at least ONE of the following requirements:**

- I have an associate's degree (or above) from an accredited college
- I am a registered nurse with 2+ years supervisory experience in a long term care facility
- I am a licensed practical nurse with 3+ years supervisory experience in a long term care facility
- I have 6+ years supervisory work experience in a long term care facility AND 15 semester hours of college level instruction (only hours for accounting, management, human resources, writing skills or resident care are applicable)
- I have 7+ years supervisory/management experience in health care

# Administrator-In-Training (AIT)



**Must attend all 4 classroom sessions  
\$900, Materials Included**

**To apply, send this completed form to:**  
**Mail: AHCF, 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: [sware@arhealthcare.com](mailto:sware@arhealthcare.com)**  
The information contained herein, together with all attached documents, will be regarded as property of AHCF.

## Section I

### Personal Information

First Name	M.	Maiden Name	Last Name	Date of Birth	Place of Birth
Mailing Address			City	State	Zip
Cell Phone		Email Address <i>(Confirmation and class materials will be sent to this address)</i>			
Employer			Current Title		
Facility (Skilled Nursing) Work Hours to be Completed			Preceptor Name & Title (must submit preceptor application to AHCF)		
Employer's Address			City	State	Zip
Applicant's Signature				Date	

## Section II

### Experience Qualifications

- A. Have you been employed by a nursing facility?  Yes  No
- B. If so, please provide this additional information regarding your employment. Add additional sheets if necessary. If not, continue on to the next page.

Name of Facility:	
Facility Address:	City/State/Zip:
Position/Title:	Employment Dates:
List Specific Job Duties:	
Name of Facility:	
Facility Address:	City/State/Zip:
Position/Title:	Employment Dates:
List Specific Job Duties:	

### C. Employment History

Please begin with your present or most recent position and work back. Additional sheets may be attached if necessary.

Name of Organization:	
Address:	City/State/Zip:
Position/Title:	Name/Title of Supervisor:
Employment Dates:	Reason for Leaving:
List Specific Job Duties:	
Name of Organization:	
Address:	City/State/Zip:
Position/Title:	Name/Title of Supervisor:
Employment Dates:	Reason for Leaving:
List Specific Job Duties:	
Name of Organization:	
Address:	City/State/Zip:
Position/Title:	Name/Title of Supervisor:
Employment Dates:	Reason for Leaving:
List Specific Job Duties:	
Name of Organization:	
Address:	City/State/Zip:
Position/Title:	Name/Title of Supervisor:
Employment Dates:	Reason for Leaving:
List Specific Job Duties:	
Name of Organization:	
Address:	City/State/Zip:
Position/Title:	Name/Title of Supervisor:
Employment Dates:	Reason for Leaving:
List Specific Job Duties:	

## Section III

### Educational Record

A. **A complete and original transcript** of your college credits must be provided with this application. Attach a copy of any additional licenses or certifications relevant to your application, if applicable. This information will become part of the application.

	High School	College	Graduate School	Other
Name				
Location				
Dates of Attendance				
Grades, Years or Hours Completed				
Type of Degree, Diploma, or Certificate				

List Field(s) of Study: \_\_\_\_\_  
Major
Minor

B. Regulations require that all applicants have basic education or experience in the following areas. Please specify how you meet these core requirements in the grid below. List the course name, workshop, seminar, or experience in each area.

Accounting/Bookkeeping	
Management/Supervision	
Personnel	
Writing Skills	
Resident Care	

## Section IV

### References and Qualifications

1. **Personal Statement:** On a separate sheet of paper, please explain why you feel that you are capable or qualified to function as a nursing home administrator. Attach the explanation to the application.

2. **Reciprocity Status:** Are you currently licensed in another state?     Yes         No

If so, please indicate the state and license number: \_\_\_\_\_  
State
License Number

3. Have you ever been convicted of a felony?  Yes  No  
If so, attach a separate statement showing offense, charge, date and disposition of the case.
4. Do you have a substantiated history of exclusion from the Medicare or Medicaid program?  
 Yes  No
5. You must submit documentation establishing a satisfactory criminal background check performed in the last twelve months. Do you agree to have and pay for a criminal background check if necessary?  
 Yes  No
6. Attach **three professional reference letters** from those who have knowledge of your character, work experience and ability. Not including relatives. Reference letters must be signed and include the reference's contact information.

	Name	Address	How long reference has known you	Phone Number
1.				
2.				
3.				

## Section V

### Certification

**I HEREBY CERTIFY:**

- **I have read AR Statutes (1987), as amended, § 20-10-401 through 20-10-408 and the rules and regulations promulgated there under entitled "Rules and Regulations for the Licensure of Nursing Home Administrators."**
- **This application and all attached papers contain no willful misrepresentation or falsification, and the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation by the Arkansas Health Care Foundation reveal any such misrepresentation or falsification, it may prevent me from becoming licensed or, if I am already licensed, cause my license as a nursing home administrator to be revoked.**

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Signature of Applicant

Date

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**For more information, please contact Sarah Ware at 501-374-4422 or [sware@arhealthcare.com](mailto:sware@arhealthcare.com)**