



The State of Ohio  
**Board of Executives**  
**Long Term Services & Supports**

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*John R. Kasich, Governor • Jill C. Wilson, Chairman • Deborah Veley, Executive Director*

**Administrator-In-Training Request for Change of Status or Discontinuance**

**1. Personal Information (Please Print)**

First Name	Middle Name and Maiden Name	Last Name and Suffix
Address	City, State	Zip Code
Phone Number	Email Address	
Nursing Facility Name		Training Facility Phone Number
Preceptor's Name		

**2. Change of Status**

<input type="checkbox"/>	Discontinuance of Administrator-In-Training Program	Effective Date
<input type="checkbox"/>	Program Extension <b>(Attach new Agreement Form)</b>	How long
<input type="checkbox"/>	Change Start Date Board Approved Start Date : _____	New Requested Start Date:
Reason for Program Extension/AIT Start Date Change:		

**3. Change in Preceptor/Facility (To be completed prior to any changes)**

**(Attach the Agreement Form, DON Work History and Preceptor Resume along with your change in Preceptor request.)**

From Preceptor	To Preceptor	
Effective Date		
Nursing Facility <input type="checkbox"/> Same Facility <input type="checkbox"/> New Facility <b>(Attach new Facility Survey Form, Agreement Form, Survey Reports, DON Resume, Employment Status Form &amp; Preceptor Resume along with your change in Facility Request.)</b>		
From Facility	To Facility	
Facility address	City, Zip Code	Facility Phone Number
Reason for Change in Preceptor/Facility:		

**There should be no changes in training site, preceptor, or hours present at the facility without prior Board approval.**

AIT Signature	Date
Preceptor Signature	Date