PRELIMINARY DATA FOR AIT PROGRAM

Instructions: Please fill in the following information to receive an Administrator-In-Training (AIT) application packet in the mail.

PERSONAL

Name
Street Address
City/State/Zip
Email Address
Telephone Number

COLLEGE BACKGROUND

Name of College/University	
City/State	
Major/Area of Concentration	
Degree Granted	**Year Granted**

PROPOSED TRAINING SITE AND PRECEPTOR (LEAVE BLANK IF UNKNOWN)

Site of Internship: (Nursing Home)
Street Address
Licensed Administrator of Internship:

Return to:

BOARD OF EXECUTIVES OF LONG TERM SERVICES & SUPPORT (BELTSS)
246 N. High Street, 1st floor, Columbus, OH 43215
Phone No. (614) 466-5114; Fax (614) 466-0271

BELTSS USE ONLY

DATE RECEIVED_____ DATE RESPONDED_____ PROCESSED BY_____

Revised 07/2015