



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 (Attach new Agreement Form)	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 (Attach new Facility Survey Form, Agreement Form, Survey Reports, DON Resume, Employment Status Form & Preceptor Resume along with your change in Facility Request.)		
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