

PRELIMINARY DATA FOR AIT PROGRAM

Instructions: Fill out the following information to receive the Administrator-In-Training (AIT) application packet in the mail. Please allow at least 7-10 business days to receive the packet in the mail.

Are you a service member; a veteran; or the spouse or surviving spouse of a service member or veteran? YES NO

PERSONAL

Name
Street Address
City/State/Zip
Date of Birth
Last 4 Digits of Social Security Number
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 & Supports (BELTSS)
246 N. High St. /1st Fl.
Columbus, Ohio 43215-2406
Fax: 614-466-0271 or BELTSSfax@age.ohio.gov

BELTSS USE ONLY

DATE RECEIVED _____ DATE RESPONDED _____ PROCESSED BY _____
