

PRELIMINARY DATA FOR AIT PROGRAM

Instructions: Please complete and return the following information by email or fax to receive the Administrator-In-Training (AIT) application packet. The packet will be sent via email. **Please print clearly.**

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

Have you previously inquired about Ohio licensure? YES No

PERSONAL

Name	Maiden Name (If Applicable)
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

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)

Stacia Rosebrook, AIT Coordinator/Investigator

Email: rosebrook@age.ohio.gov or Fax: 614-466-0271 or BELTSSfax@age.ohio.gov

BELTSS USE ONLY

DATE RECEIVED _____	DATE RESPONDED _____	PROCESSED BY _____
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