

### Modification of Administrator-in-Training Hours Request

Return this completed form with the requested documents from Section II to the following address:

**Nursing Home Administrator Program  
P.O. Box 997416, MS 3302  
Sacramento, CA 95899-7416**

#### SECTION I

Name (Last)	(First)	(M.I.)	Date of Birth
Preceptor Name (Last)	(First)	Preceptor #	NHA #

#### SECTION II

Please attach the following documents:

- 1,000-hour training outline with week-by-week breakdown
- Verification of your education experience
- CDPH 502B for your work experience
- Explanation from the AIT and Preceptor
- CDPH 502C for preceptor information
- Explanation from preceptor how they would reduce the hours per department if approved.

**CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed this application may be rejected.**

*I certify under penalty of the perjury laws of the State of California that the information I have entered on this application is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this AIT application and/or disqualifications of the AIT's hours with NHAP. I authorize the employers and educational institutions identified on this application to release any information they may have concerned my employment or education to the State of California NHAP*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### IMPORTANT INFORMATION

- Form must be completely filled out, signed and dated.
- AIT must submit a 1,000-hour outline with week-by-week breakdown.
- A letter from the AIT requesting reduction and explaining how he/she qualifies must be attached.
- A letter from the preceptor supporting reduction of hours must also be attached.
- Requests for reduction in total hours will not be accepted after the AIT training begins.