



**HEALTH LICENSING OFFICE**

**Nursing Home Administrators Board**

1430 Tandem Ave. NE, Suite 180, Salem, OR, 97301

Phone: 503-378-8667 | Fax: 503-370-9004

www.healthoregon.org/hlo | Email: [hlo.info@state.or.us](mailto:hlo.info@state.or.us)

**ADMINISTRATOR-IN-TRAINING (AIT)  
CERTIFICATE OF TRAINING**

*This form must be completed by the preceptor and signed by both the preceptor and the AIT, and must be submitted with the AIT's Nursing Home Administrator license application.*

**AIT Applicant Information**

APPLICANT NAME: LAST FIRST MIDDLE INITIAL

**Training Facility Information**

NAME OF FACILITY:

TRAINING FACILITY PHYSICAL ADDRESS: **(REQUIRED)**

CITY: STATE: ZIP: FACILITY PHONE NUMBER:

**Registered Preceptor Information**

PRECEPTOR NAME: LAST FIRST MIDDLE INITIAL

PHONE:  HOME  CELL BUSINESS TELEPHONE: EMAIL:

Preceptor's Oregon Nursing Home Administrator license number:

**Training Information**

This certification covers the training dates from: to:

AIT listed above worked an average of \_\_\_\_\_ days per week, over a period of \_\_\_\_\_ weeks.

**Training Hours**

Domain	Hours Required	Hours Received
Resident Care and Quality of Life	336	
Human Resources	144	
Finance	144	
Physical Environment	96	
Leadership and Management	240	
<b>Total</b>	<b>960</b>	

**By signing below**, I certify that the AIT listed above, under my supervision as a preceptor registered with the Oregon NHAB, has received the training as specified within this Certification of Training and has completed the hours within each domain as indicated above.

\_\_\_\_\_  
Signature of AIT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date