

## **APPLICATION FOR NURSING HOME ADMINISTRATOR-IN-TRAINING**

### **APPLICANT INSTRUCTIONS**

**Mandatory Practice Act.** Colorado has a mandatory practice act, which means that you may not practice as a Nursing Home Administrator in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

**Basic Requirements.** All applicants for licensure must complete a Board-approved Administrator-in-Training (AIT) program pursuant to C.R.S. 12-39-107 ([www.dora.state.co.us/nursing-home-administrators/statute.htm](http://www.dora.state.co.us/nursing-home-administrators/statute.htm)) and must meet the requirements outlined in Board Rule 3 ([www.dora.state.co.us/nursing-home-administrators/rules.htm](http://www.dora.state.co.us/nursing-home-administrators/rules.htm)). Full requirements for licensure are outlined in the Colorado Revised Statutes, specifically Article 39 of Title 12, and the Board's rules. Both are available online at [www.dora.state.co.us/nursing-home-administrators](http://www.dora.state.co.us/nursing-home-administrators).

For additional information regarding education in the area of long-term care management, contact Colorado Association of Homes and Services for the Aging, 1888 Sherman Street, Suite 610, Denver, CO 80203, (303) 837-8834; or Colorado Health Care Association, 225 East 16th Avenue, Suite 1100, Denver, CO 80203, (303) 861-8228.

Once you have completed the AIT program, you must pass both the National Exam for NHA, as well as a written test on Colorado's Laws and Rules and Regulations regarding the practice of nursing home administration, and on Standards for Nursing Homes developed by the Colorado Department of Public Health and Environment. Information regarding the exams will be sent to you upon completion of the AIT program.

Applicants should obtain and review the following documents in preparation for the state examination:

- *Nursing Home Administrator Statute and Rules* are available online at [www.dora.state.co.us/nursing-home-administrators](http://www.dora.state.co.us/nursing-home-administrators).
- Candidates are responsible for obtaining copies of the *Standards for Health Facilities*, published by the Colorado Department of Public Health and Environment, Health Facilities Division. You may obtain the *Standard for Health Facilities (Chapter II, III, V, and VIII)* online at their website: [www.cdph.state.co.us/regulations/healthfacilities/index.html](http://www.cdph.state.co.us/regulations/healthfacilities/index.html).

Upon successful completion of the AIT program, you will be required to submit an application for licensure by examination. Additional fees will be required.

**About the Application.** This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records.

**Application Expiration.** Your application will be kept on file for one (1) year from date of receipt in the Division. Your file will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

**Social Security Number is Required.** Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

**Disclosure of Addresses.** Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at [www.doradls.state.co.us](http://www.doradls.state.co.us).

## APPLICANT CHECKLIST

**Note:** Your completed application, fee, and all supporting documentation must be received in one complete package **two weeks prior to** the agenda deadline date for the next scheduled meeting of the Board of Examiners of Nursing Home Administrators. The meeting schedule for the Board is available at: [www.dora.state.co.us/nursing-home-administrators/boardmeetings.htm](http://www.dora.state.co.us/nursing-home-administrators/boardmeetings.htm).

### To qualify for admission into the AIT program:

- Complete the attached Application for Administrator-in-Training.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Qualifications: Comply with one of the following requirements:**
  - Successful completion of two years of college level study after high school in an accredited institution of higher education in areas relating to health care.
    - **Submit official transcript(s) for all college level education in an original, sealed envelope from the school**
  - OR—
  - In lieu of the educational requirement, submit evidence that you have obtained two years of satisfactory practical experience in nursing home administration or comparable health care management for each year of required education. The Board may accept your application if you can demonstrate one year of college and two years of experience; OR four years of experience.
    - **Submit attached *Verification of Experience* form(s) documenting practical experience in nursing home administration or comparable health care management.** A **separate form** must be submitted for each place of employment.
- Submit an acceptable AIT Program Plan, which includes:**
  - A signed Preceptor Statement (attached); and
  - A detailed program plan for the training period. This program plan must be developed by you and your preceptor following the *AIT Program Planning Guide* (attached).

Refer to Board Rule 3.5 ([www.dora.state.co.us/nursing-home-administrators/Rules.pdf](http://www.dora.state.co.us/nursing-home-administrators/Rules.pdf)) for the definition of an acceptable preceptor.

### If you now hold or have ever held a license as a nursing home administrator or another health care occupation in Colorado or any other state:

- Submit verification in an original, sealed envelope from each state in which you currently hold, or have ever held, licensure as a Nursing Home Administrator or in any other health care occupation.**
  - Use the attached *License Verification* form.
  - The form must verify the current status of your license and indicate whether any disciplinary action is pending or has been taken against your license.
  - An official designee of the licensing agency must sign the form.

### Return your completed application packet and all supporting documentation to:

Division of Registrations  
Office of Licensing—Nursing Home Administrators  
1560 Broadway, Suite 1350  
Denver, CO 80202



## IMPORTANT NOTICE

**TO:** All Applicants

**FROM:** Rosemary McCool, Director, Division of Registrations

**SUBJECT:** Licensure and Criminal History

Thank you for your interest in becoming a licensed\* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

*\*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



**Colorado Department of Regulatory Agencies**  
 Division of Registrations  
 1560 Broadway, Suite 1350  
 Denver, CO 80202

**Licensee/Applicant Full Legal Name**

Last	First	Middle	Suffix

**Colorado Professional or Occupational License/Certification/Registration Number:** \_\_\_\_\_  
 (if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** \_\_\_\_\_

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure\* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

*\*The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

**Section A: LAWFUL PRESENCE in the United States**

1.  I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2.  I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3.  I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
  - a.  I am a U.S. citizen, not physically present or employed in the United States.
  - b.  I am a Foreign National, not physically present or employed in the United States.

**Section B: SECURE AND VERIFIABLE DOCUMENTS**  
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

**Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)**

<b>Government Issued Identification</b>	<b>Name of state agency or federal agency that issued the document</b>	<b>Full name as shown on driver's license or state/federal issued ID</b>	<b>License/ID Number</b>	<b>Expiration Date (mm/dd/yyyy)</b>	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Card Number</b>	<b>Valid from (mm/dd/yyyy)</b>	<b>Expires (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Country of birth</b>	<b>Card expires (mm/dd/yyyy)</b>	<b>Resident since (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
<b>Issuing foreign country</b>	<b>Passport Number</b>	<b>Visa Number</b>	<b>Visa Class (ex.: J-1, P-1, H-1B, etc.)</b>	<b>Date of entry (mm/dd/yyyy)</b>	<b>Until date (mm/dd/yyyy)</b>
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
<b>Issuing foreign country:</b>			<b>Passport Number:</b>		

**Section C: ATTESTATION**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Date

**The content of this application must not be changed.** If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

**PART 1—APPLICANT INFORMATION**

<b>Name:</b> Last:		First:	Middle:	Suffix:
<b>Previous Name(s):</b>				
<b>Social Security Number: *</b>		<b>Date of Birth</b> (mm/dd/yyyy):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Place of Birth</b> (city and state, or foreign country):				
<b>Mailing Address:</b>		PO Box, Street:		
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:		
<b>Daytime Telephone Number:</b> (     )			<b>E-mail Address:</b>	
			Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

**PART 2—EDUCATION**

<b>High School:</b>				
<b>Name</b>	<b>Location</b>		<b>Year of graduation</b>	
<b>GED:</b>				
<b>Certificate Number</b>	<b>Place taken</b>		<b>Date issued</b>	
<b>College or University</b> (submit official transcripts for all college-level education):				
<b>Name/Location</b>	<b>Dates Attended</b>	<b>Academic Hours Semester/Quarter</b>	<b>Degree Type</b>	<b>Year Awarded</b>

\*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

**OFFICE USE ONLY    APPLICATION APPROVED BY BOARD ON (date):** \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

**PART 3—LICENSE INFORMATION**

Are you currently or have you ever been licensed in any state as a Nursing Home Administrator?  YES  NO  
 ➤ If **YES**, list ALL states in which you are or have ever been licensed (if needed, attach an additional sheet in the same format).

License Type	State	License Number	Year license Issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are you currently or have you ever been licensed in any state to practice any other health care occupation (i.e., nursing, medical, physical therapy, etc.)?  YES  NO  
 ➤ If **YES**, list all states in which you are or have ever been licensed (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

License Type	State	License Number	Year license Issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART 4—EXPERIENCE**

List below your work experience for the past five years in chronological order beginning with the most recent (if needed, attach an additional sheet in the same format).

Dates (from / to)	Name of Employer	Supervisor
Title	Duties	Reason for Leaving
Dates (from / to)	Name of Employer	Supervisor
Title	Duties	Reason for Leaving
Dates (from / to)	Name of Employer	Supervisor
Title	Duties	Reason for Leaving
Dates (from / to)	Name of Employer	Supervisor
Title	Duties	Reason for Leaving
Dates (from / to)	Name of Employer	Supervisor
Title	Duties	Reason for Leaving

**PART 5—SCREENING QUESTIONS**

**You must provide the following for each “YES” response to the screening questions below:**

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome
- A copy of final disposition of Board or Court order.

**You may be required to provide the following:**

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has your license to practice Nursing Home Administration or any other health care profession been suspended, revoked, or otherwise disciplined in Colorado, any other state or territory of the United States, or any country?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever voluntarily surrendered or relinquished a license to practice Nursing Home Administration or license to practice any other health care profession in Colorado, any other state or territory of the United States, or any country? (This does not include allowing your license to lapse solely due to non-payment of the renewal fee.)  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you been denied a license to practice Nursing Home Administration or to practice in any other health care profession in Colorado, any other state or territory of the United States, or any country?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is any disciplinary action pending against you in Colorado, any state or territory of the United States, or any country with regard to the practice of Nursing Home Administration or the practice of any other health care profession?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you ever been convicted of a felony, pled guilty or <i>nolo contendere</i> to a felony, or received a deferred judgment with regard to a felony?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a nursing home administrator safely and competently? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Do you now or have you, in the last five years, participated in the unlawful use of controlled substances as specified in C.R.S. 18-18-404?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a nursing home administrator safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Are there any other facts or information concerning your background, history, experience, or activities that may have a bearing on your fitness to practice Nursing Home Administration in Colorado?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ➤ If YES, please describe in detail on an attached sheet.  |                              |                             |

**ATTESTATION**

**I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Colorado Division of Registrations  
**Office of Licensing—Nursing Home Administrators**  
 1560 Broadway, Suite 1350  
 Denver, CO 80202  
 Phone: (303) 894-7800  
 FAX: (303) 894-7693  
[www.dora.state.co.us/registrations](http://www.dora.state.co.us/registrations)

**LICENSE VERIFICATION**

**TO STATE LICENSING BOARD:**

\_\_\_\_\_ is applying for licensure as a  
*Applicant Name* *Date of Birth*

Nursing Home Administrator in the state of Colorado. Provide the information below concerning this applicant.

<b>Applicant Name:</b> <i>(as shown on your records)</i>		<b>Date of Birth:</b>		<b>State of Original Licensure:</b> <i>(if NOT your state)</i>	
<b>Type of License</b>	<b>Original License Number</b>	<b>Issue Date</b>	<b>Expiration Date</b>	<b>Is this license current/active?</b>	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Colorado Examination Requirements</b> <b>Note:</b> In Colorado, passing scores on national written examinations are: ➤ PES – 113 passing raw score (100 for applicants who took the exam prior to August 1, 1980). ➤ NAB – 113 passing raw score (105 for applicants who took the exam prior to August 1, 1980) ➤ NAB – SCALE SCORE PASSING POINT – 113 effective June 15, 1990 to present.		<b>Applicant took:</b> <input type="checkbox"/> PES examination.      Passing Raw Score? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NAB examination.      Passing Raw Score? <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="margin-left: 200px;">Passing Scale Score?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</span> <input type="checkbox"/> N/A.			
If license was as a Nursing Home Administrator, was the applicant required to complete an Administrator-in-Training program in your state? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO ➤ If YES, number of <b>hours</b> (do not provide in days, months, or years): _____					
Has the applicant ever been disciplined by your board, or is disciplinary action or investigation now pending? <input type="checkbox"/> YES <input type="checkbox"/> NO ➤ If YES, please submit relevant documents and explain: _____ _____ _____					

<b>I certify that the information provided is true and correct, according to the records of this board.</b>	
_____ (Signature of official designee)	_____ Agency name, address and phone
_____ (Date)	_____  _____
<b>BOARD SEAL</b>	

**RETURN TO THE APPLICANT IN A SEALED ENVELOPE**

**VERIFICATION OF EXPERIENCE**

This is to certify that \_\_\_\_\_  
(Applicant Name) (Date of Birth)  
was working in the Nursing Home or Hospital of \_\_\_\_\_  
(Facility Name)  
in the following capacity \_\_\_\_\_.

The above-named practiced for \_\_\_\_\_ hours per week, from: \_\_\_\_\_ to \_\_\_\_\_.  
(mm/dd/yyyy) (mm/dd/yyyy)

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City, State, ZIP)

Use a separate piece of paper to describe the specific nature of the applicant's duties. Appropriately label your submission in case it is separated from this page (i.e., provide your name, name of facility, dates, etc.). Address ALL of the following:

- 1) Number of people supervised and nature of supervision,
- 2) Scope of authority,
- 3) Policy and procedure development,
- 4) Budget and finance responsibility,
- 5) Direct health care and/or coordination of health care, and
- 6) Your relationship with the applicant and personal knowledge of the applicant.

I certify that all statements made on this form are true, complete and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Employer's Title/Position

\_\_\_\_\_  
Date

**Applicant: You must submit a separate Verification of Experience form for each place of employment.**

Colorado Division of Registrations  
**Board of Examiners of Nursing Home Administrators**  
1560 Broadway, Suite 1350  
Denver, CO 80202  
Phone: (303) 894-7796 / FAX: (303) 894-7764  
[www.dora.state.co.us/registrations](http://www.dora.state.co.us/registrations)

**PRECEPTOR STATEMENT**

Preceptor Name \_\_\_\_\_ License Number \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Original Date of License \_\_\_\_\_

**PRECEPTOR STATEMENT:**

I hereby state that I am qualified to serve as a preceptor according to the definition in Board Rule 3.5.

- a. I have been licensed for no less than three (3) years; and have actively practiced nursing home administration the preceding twenty-four (24) months in the state of Colorado; and have been the administrator of record for no less than one (1) year at the facility where the AIT program is to take place.  YES  NO
- b. I agree to abide by the terms of the administrator-in-training (AIT) agreement set forth by the Board for any AIT under my supervision.  YES  NO
- c. I attest that I am the administrator of record in a facility eligible by federal and state law to offer a nurse aide training and competency evaluation program.  YES  NO
- No preceptor shall supervise more than one (1) AIT at any one time unless pre-approval is obtained from the Board.
  - A preceptor shall remain fair and impartial during review of the AIT performance. No preceptor shall receive any financial remuneration from or on behalf of an AIT for services as a preceptor under the program. A preceptor shall not be related by blood or marriage to the AIT, nor shall the preceptor have a personal financial interest in the licensure of the AIT. An AIT applicant in a rural or remote area may request waiver of this requirement upon demonstration of hardship and that the preceptor can, and will, remain fair and impartial during the AIT program. Any such waiver shall be in writing and shall be subject to the full discretion of the Board.
  - Each preceptor shall serve at the discretion of the Board.
  - All preceptors shall comply with the rules and regulations regarding the AIT program and may be disciplined for failure to comply,
  - All preceptors shall abide by the terms of any agreement entered into with the Board to act as a preceptor.
  - It is the responsibility of the preceptor to assist the AIT applicant in developing this detailed program of training. Such program may include classroom experience received while in the AIT program.

I further state that I have assisted this applicant in the preparation of the attached proposed program and that I have familiarized myself with the applicable rules, regulations, and statutes pertaining to the AIT program and fully understand the responsibilities and reporting requirements contained therein.

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Administrator-in-Training \_\_\_\_\_



## AIT PROGRAM PLANNING GUIDE

AIT program planning should be done jointly by preceptors and AITs. A program should be developed of at least one-year duration, which includes at least 2,000 hours of instruction. The program should meet the individual needs of the AIT. Previous work experience and academic education should be taken into account in planning the program.

This form is intended to guide program planners to developing adequate programs and to convey to the Board of Examiners of Nursing Home Administrators the detailed information concerning each program that is required before Board approval can be given.

Programs should be divided into Units of Practical Experience, which can be supplemented by readings, college or university courses, or other learning experiences.

Unit Topic: \_\_\_\_\_

### Practical Experience

- \_\_\_\_\_ 1. Name of facility in which experience will be gained.
- \_\_\_\_\_ 2. Learning objectives. List specific objectives for each area of study. Relate such instruction or learning opportunity to the specific learning objective.
- \_\_\_\_\_ 3. Department of the facility in which experience will be gained.
- \_\_\_\_\_ 4. Inclusive dates of training in each unit.
- \_\_\_\_\_ 5. Total hours in each assignment.
- \_\_\_\_\_ 6. Nature of the duties to be performed in each assigned area. Describe briefly any readings or supplementary instruction.
- \_\_\_\_\_ 7. Evaluation methods to be used. List specific evaluation methods for each learning objective.

The conclusion of the program should provide the following:

- a. Total hours of the program
- b. Beginning and ending dates of the AIT program
- c. Signatures of the AIT and preceptor.

More information about how to create an Administrator-in-Training Program is available through the National Association of Boards of Examiners of Long Term Care Administrators.

Contact the association at (202) 712-9040 or [www.nabweb.org](http://www.nabweb.org) and request the publication "Guidelines for Conducting an AIT Program."