**WV Nursing Home Administrator’s Licensing Board**

**AIT PRECEPTOR’S OF HOURS WORKED VERIFICATION FORM**

This form must be signed and submitted with the final 4th quarter AIT as evidence that the AIT has worked a minimum of 1,000 hours and that if asked by the Board this could be verified by Payroll or other such records.

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Preceptor for AIT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

verify that he/she has completed a minimum of 1,000 hours of training as required by the WV Nursing Home Administrator’s Licensing Board Administrator In Training Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NHA

Preceptor