

**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 4<sup>th</sup> 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