Virginia Department of Health Professions
Board of Long-Term Care Administrators

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/nha

(804) 367-4595 (Tel)
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NURSING HOME ADMINISTRATOR-IN-TRAINING
NOTICE OF CHANGE OF STATUS OR DISCONTINUANCE

(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX
SOCIAL SECURITY NO. OR VA CONTROL NO.*		
HOME PHONE:	WORK PHONE:	MOBILE PHONE:
E-MAIL ADDRESS		
TRAINING FACILITY NAME		TRAINING FACILITY TELEPHONE NUMBER
PRECEPTOR NAME		PRECEPTOR'S TELEPHONE NUMBER

Change Request (Check all that apply)

☐ Change of Preceptor — Effective Date:

From: License No.:

To: License No.:

New Facility Address: New Facility Telephone Number:

☐ Discontinuance of Administrator-in-Training Program (Board must be notified with 10 business days)	Effective Date:
☐ Program Extension	How Many Months?
☐ Withdrawal as a Certified Preceptor from AIT Program	Effective Date:
☐ Other (specify and document)	Effective Date:
Reasons and Comments:	

_____ _____
Signature of Applicant Date

_____ _____
Signature of Preceptor Date