

**NC STATE BOARD OF EXAMINERS FOR
NURSING HOME ADMINISTRATORS
3733 NATIONAL DRIVE, SUITE 110
RALEIGH, NC 27612
919/571-4164**

NOTICE OF CHANGE OF STATUS AND/OR DISCONTINUANCE IN AIT PROGRAM

From _____ As _____ AIT or _____ Preceptor _____
NHA Lic. No. _____

Servin g
with _____ As _____ AIT or _____ Prec ptor _____
NHA Lic. No. _____

At _____
Name of Nursing Hom e Home License No .

(St. No. & Name; P.O. Box; RFD No - Town, Zip Code) Count y State

I separately and independently, do hereby notify the Board of the following change(s) :

CHANGES(S) (Check all pertinent ones) Effective Dat e

_____ Change of Preceptor mad e _____ Change of Prece ptor requested _____

_____ Discontinuance of internship as Administrato -InrTrainin g _____

_____ Withdrawal as certified preceptor from AIT Progra m _____

_____ Other (Specify)

Reasons & Comments

(If more space is needed please use reverse side of form)

SIGNATURE _____
(_____ AIT or _____ Preceptor)

NHA License No. _____

Date of Report _____