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) (804) 939-5973 (Fax) Email: ltc@dhp.virginia.gov

ASSISTED LIVING FACILITY 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 From: License No.: To: License No.:	Effective Date:
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