

AIT Program

Frequently Asked Questions:

We've put together a lot of the questions AIT's ask about the program and put them in one place with "short" answers for you... there are frequently "longer" answers, but for the most part, these answers are the ones you're looking for (and/or give you direction to go look somewhere else for a more in-depth answer).

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How long is the AIT Program?

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The AIT program has a MINIMUM requirement of **560 hours**. There is a restriction of not allowing the AIT to do more than 40 hours in any given week, so the **minimum is 14 weeks** (14 40 hour weeks) is the absolute fastest it can be accomplished. There is ALSO a **700 hour program** for those candidates/applicants with a degree that is NOT related to any of the NAB defined domains of practice OR without long term care experience in 2 of the last 5 years. The least amount of time one can finish the 700 hour program (again, limited to a maximum of 40 hour weeks) is 17.5 weeks.

The MAXIMUM amount of time allowed is **1 year** from the date it is started. So, it is anywhere from 14 weeks to a year, depending on the time available of the AIT in the program and their initiative and zeal to complete this internship.

When can I start?

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AITs can start after they have started AU (Administrators University). You cannot start your AIT program until you've started AU... You also cannot start until you have the training permit.

How long do I have to finish it?

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There are two limiting factors at play on this answer. First, once you finish AU, you have 2 years to become licensed or you have to start over. However, once you start AIT, you have 1 year to finish that program. If you wait to start AIT for 18 months after you started AU, you've limited yourself to finishing AIT (and getting licensed) within a 6 month period left on that 2 year requirement. IN MOST CASES, people start AIT soon after they start AU and they have one year to complete it and still have some time left to complete what should be the final step in getting licensed, that of passing the NAB NHA exam.

Rules do change and there are some students in the system yet who came in with a requirement to complete licensure within a 5 year time period so some of them are still working on their license but in time, those will disappear (yet they're still out there and those rules still apply to them). The REASON this was changed, however, is because so much changes in this field and in this profession EVERY YEAR that it was felt by the Board that 5 years was too long...and what you would be tested on probably would not be reflective of what you were taught 5 years ago. It truly is a dynamic time in this field and in this profession and this was thought to be in the best interest of the applicants as well as of those they serve.

How do I get started?

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Talk with OSBELTCA staff (Pam) and once you have paid your fee (\$350 plus bank/transaction fees), she will work with you to set up an appointment with you and your Preceptor (at your Preceptor's facility usually) to get you a training permit and set you up to get started.

How do I find a Preceptor?

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Some students/AITs come to the program and start AU knowing in advance who their Preceptor is going to be. This is not the case in all situations by a long shot. We maintain a list of certified Preceptors in the office and when we have a student who needs help finding a Preceptor, Pam will try to find one near where you live and/or work who will agree to be your Preceptor. Preceptors are also encouraged to meet you (like a job interview – you should treat such a meeting as you would a job interview) to decide if they want to take you on. It IS a commitment for them to take you so they should rightly be guarded about deciding who they wish to train. In many states, students/AITs are left on their own to find a Preceptor and there are horror stories about their inability to find one and become licensed in those states... In Oklahoma, our Staff helps you find a preceptor and works with them (and you) to get you placed in a facility that works for your needs.

Who can be a Preceptor?

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These requirements are defined in OSBELTCA rules and we usually get this question because an AIT knows an administrator somewhere who they think they'd like to have them be their Preceptor. It is a voluntary thing (we don't MAKE administrators become Preceptors...). Essentially, the Preceptor has to have been a licensed nursing home administrator in Oklahoma for at least 2 years and have a clean record. They will have also gone through our Preceptor Training (which we do offer periodically) and certified by the Board to be a Preceptor. If you know someone who meets those requirements who would be a good Preceptor, there's a chance they already are a Preceptor or that they just haven't taken the time and effort to become one yet. They DO get CE for attending the training to become one AND they get CE for training AITs. They also learn from the process (quite a bit) so there is incentive (though not monetary) for them to become a Preceptor and to take AITs on and train them.

Will I be paid?

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We're going to answer a LOT more than that question here, so hang on.

The short answer is "probably not." There is no requirement for the internship to be a paid position. If you have found such a scenario, you're probably lucky. In most cases where someone is being paid, they are already an employee of the facility (in another capacity such as a department head) where they are going to do their internship. All others are there on their own time and since they have to have a means of living, they are either dependent on a spouse to be working, have a pension or other savings of some sort they're falling back on during this time, or, in many cases, they are doing the internship in their "true" spare time...after work and on weekends.

The Preceptor, therefore, does NOT have to be present when you are doing your internship hours. There are times, yes, when that is clearly optimal (and required) but there are other times when the AIT can be accomplishing their training (under the tutelage of various department heads) at other times that work for everyone involved. Flexibility is the key to making this work.

Some of the PITFALLS in the program actually occur when the AIT is employed at the facility... They are tempted to continue to work in their normal job and are simply "filling the square" and not actually gaining the experience they're designed to gain from working in the other departments. This is not ideal, clearly, and it falls jointly on the Preceptor and the AIT to ensure that this does not occur...that the experience in the other departments is actually gained.

ADDITIONAL PITFALLS that both the Preceptor and the AIT need to guard against include a number of things. AITs are all different. Everyone who goes through the program comes to the table with a varied background. Some actually have "expertise" in some areas and therefore, it could be "tempting" to the Preceptor to "exploit" that expertise for the benefit of the facility. To small degrees (within the confines of the hours set aside for each module) that might be acceptable (the facility probably will benefit from the presence of these AITs in many different ways). But, like the department head who is tempted to sit

at their desk and do their normal job, this person also has a lot of OTHER things they need to experience and they cannot be “used” in this manner to the detriment of their AIT experience. Likewise, the Department Heads who are helping to train the AITs (through the mentoring of the Preceptor) should actually have a “plan” of things for you to do and should not be using the AIT for “slave labor” just to get some things done that nobody wants to do... filing, cleaning closets... there should be a “purpose” for the tasks you are asked to do, but SOME “rolling up your sleeves” and getting dirty SHOULD still be expected. The AIT should not expect to show up in a coat and tie and walk around looking good while they learn. They can expect to participate – but they also have limitations. Some may be “CNAs” or “CMAs” or “nurses” or whatever and therefore MAY be trained or “signed off” on doing certain tasks, but when it comes to “lifting” residents and those sorts of specific tasks (this is merely one example), if the AIT is not signed off on doing them, they should not be doing them (in the interest of the care for the residents).

What documentation is required?

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When OSBELTCA (Pam) comes out to do the “set up” for you AIT, she will bring the paperwork with her, which will include the Training Permit (which is good from that day and expires a year later). She will bring module reports and those are due within 10 days after the completion of each module... You will also have signed an agreement with the Preceptor that lays out your calendar and how many hours are proposed in each of the modules... And a final report. In most cases, the Module Reports are completed by the AIT documenting the hours completed in that module and a summary of what you learned essentially. The Preceptor will review that (it’s feedback for them to learn about your experience and whether you actually were exposed to the things you were supposed to be exposed to and experience or not...) and sign it and then you should fax that into OSBELTCA. Keep a copy of everything for yourself! Always. The final report, however, especially the narrative portion specifically, should be completed by the Preceptor who is communicating to the Board his impression of you as a potential administrator and so on. DON’T WAIT UNTIL THE END OF THE PROGRAM and try to do all of your module reports... Get those in to OSBELTCA as you are completing those modules. As a side note, these forms are all in a PDF fillable format... OSBELTCA does not accept them in a hand-written format so go ahead and do them right the first time.

Where are these rules published?

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The rules are all in OAC 490, Chapter 10, subparagraph 8...it’s not necessarily something you will see on the State Standards Exam *per se* but it is something you will want to be certain you’re complying with as you go through the internship. As a future Preceptor, as many of you will get the bug and want to teach future administrators, too, it’s also worth knowing the rules and how they also are changing over time. What has been explained here is only a paraphrasing of those rules (and may not even be current...we may not remember to update this). The actual rules are what you should truly be familiar with and comply with.