



Nursing Home Administrator
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Administrator-In-Training Request for Reduced Hour Program

Dear Board of Nursing Home Administrators,

I, _____ have applied for an Administrator-in-
Training approval. I am requesting a reduced hour program of _____
hours based on [WAC 246-843-091](#). (1,000 or 500)

My explanation of how I meet the requirement of [WAC 246-843-091](#) is:

I have enclosed the following document(s):

- If my request is based on my experience:
 - An official job description of the position(s) held that qualifies me for the reduced hour program, and
 - A resume that indicates the month and date I started and ended each position that qualifies me for the reduced hour program.
- If my request is based on my education:
 - I have requested a copy of my transcripts to be sent directly to the department from the college where I acquired the qualifying education.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Please reach out to me with any questions at _____ or at
_____ (phone)
_____ (email)

Thank you,

AIT Applicant signature: _____

Date: _____

Preceptor Statement:

I am the preceptor for _____ and agree that the program should be reduced as indicated above.

Preceptor signature: _____

Date: _____

NHA license number: _____