



Affidavit of Completion of Administrator in Training (AIT) Preceptorship

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER OR SELF-EMPLOYED PRACTITIONER)

Preceptor Name: _____
First Middle Last

HFA License Number _____

Phone: (____) _____ – _____ Email: _____

Name of Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment/Supervision: _____ to _____

Total Hours Supervised Practice? _____

Is the applicant still employed? Yes No If no, is the applicant re-hirable? Yes No

If not re-hirable, please explain: (attach additional form if needed)

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

Your signature acknowledges receipt of this information.

ATTESTATION:

I certify that I am a licensed Health Facility Administrator in good standing. I have personally supervised the AIT training program for the applicant listed above, for licensure as a Health Facility Administrator. I further certify that this supervision was on a personal basis and that the AIT under my supervision fulfilled the AIT preceptorship as outlined in Utah Admin. Rule R156-15-307.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Preceptor: _____ Date: _____