



**Administrator-in-Training (AIT)
Application Form**

Name: _____

Address: _____
(Street) City State Zip

Phone No. _____ E-mail Address: _____

Check all that apply: _____ Bachelor's Degree _____ Master's Degree

University/College _____ Year Graduated _____

Do you have a "Preceptor"? _____ Yes _____ No An essential component of the AIT Program is having a "Preceptor" (Mentor) registered by the state of Kansas.

If yes, complete the following information:

Preceptor's Name: _____ Preceptor No. _____

Facility: _____

Address: _____
(Street) City State Zip

Phone No. _____ E-mail Address: _____

If you respond NO, you will need to select a Preceptor from the KDHE approved list. It is **your** responsibility to contact the Preceptor and confirm their willingness to take a student **prior** to the completion of the KACE AIT application process.

To participate in the KACE AIT Program the preceptor will need to be on the same campus and available to the AIT for consultation at least half of the time. That doesn't mean they have to spend half of their time together; the preceptor just needs to be available to provide information to the AIT for half of the time. If the agreement is signed and it is discovered that the AIT and preceptor are not on the same campus for one-half of the time, the AIT will be dropped from the program with no refund made. With a first offense the preceptor would be made aware of the process again; a second time would mean they can no longer participate in our program.

Program Fee - \$1,700.00

Make checks payable to Kansas Adult Care Executives (KACE)

Credit Card: _____ MasterCard _____ Discover _____ Visa _____ American Express

Number Exp. Date Code Signature