



**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.

Program Fee - \$1,700.00

Make checks payable to Kansas Adult Care Executives (KACE)

Credit Card: ____ MasterCard ____ Discover ____ Visa

Number

Exp. Date

Code

Signature