

ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

Submit completed reports by the 15th day of the following month covered by the report. Both Preceptor and AIT must sign the report.

Name of AIT:

Preceptors Name:

Training Dates Covered by this Report:

FROM:

MM

DD

YY

TO:

MM

DD

YY

Name of Training Facility:

Phone No.

1. List assignments and departments with time spent in each: (You may use additional paper if needed.)
Ex. Laundry Service-8hrs:Participated in laundry sanitation and developed a process for clothing identification

2. Summary of learning experiences:

3. Statement of any problems that arose during the training:

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:



5. Visits outside the facility, educational conferences attended:

6. **MONTHLY HOURS.** Enter the Month and dates and document the number of hours of training received for that day.

MONTH OF						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						Total=

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING: Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by BELTCA or any of its personnel.

Signature of Administrator-in-Training

Date

PRECEPTOR : Under penalty of perjury, I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of Nursing Facility administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration. I understand that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

Signature of Preceptor

Date