ADMINISTRATOR-IN-TRAINING WEEKLY REPORT AND LOG OF EXPERIENCE

REPORT #

DATE OF DEDODE

This is a cover sheet for your weekly report. Please attach your report. This report must be received in the Board's Office within 10 days of the end of the reporting period as outlined in Subchapter 37 D of the Rules and Statutes.

AIT Reports should be used to list experiences gained during the training period. It is recommended that you keep a daily record of your training experiences to facilitate preparation of your training report.

Reports should be mailed to NC State Board of Examiners for Nursing Home Administrators 3733 National Drive, Suite 110 Raleigh, NC 27612

TO E	BE CO	OMPL	ETED	BY	THE	AIT:
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NAME OF AII:	DATE OF REPORT:		
FACILITY:			
DATES COVERED BY THIS REPORT FROM	1:TO		
During this period I received Hours per v During this period I worked Hours per w	week of one on one instruction from my Preceptor.		
I certify, to the best of my knowledge, that the in	nformation presented is true and accurate.		
Signature of AIT			
Please include the following in your report:			
 Summary of your learning experience an List meetings, tours, or visits you were in Discuss Academic Programs attended an Include Surveys and their outcomes you Summarize your weekly AIT experience TO BE COMPLETED BY THE DEPAR I hereby certify that I trained the above named	nvolved with ad Reading Materials were involved with and if any improvements could be made TMENT HEAD		
Signature of Department Head	Date		
TO BE COMPLETED BY THE PRECE	PTOR		
	received the training described within this report and I the time indicated above. I also have given g the report period.		
Signature of Preceptor	Date		
Preceptors please make comments abo	out the AIT program on the back of this form		