

**NC STATE BOARD OF EXAMINER FOR
NURSING HOME ADMINISTRATORS
3733 NATIONAL DRIVE, SUITE 110
RALEIGH, NC 27612
919/571-4164**

ADMINISTRATOR-IN-TRAINING WEEKLY DEPARTMENTAL REPORTING FORM

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

NAME OF AIT: _____

FACILITY: _____

DATE OF REPORT: _____ **DEPARTMENT:** _____

DATES COVERED BY THIS REPORT FROM: _____ **TO** _____

Please include the following in your report:

- 1. List assignments in department.**
- 2. Summary of your learning experience and any problems that you observed.**
- 3. Summary of meetings attended, tours and visits.**
- 4. Describe surveys and outcome.**
- 5. Academic programs attended and reading material.**
- 6. Briefly describe how you might improve your program.**
- 7. Indicate the amount of time you spent with your preceptor weekly.**

I certify, to the best of my knowledge, that the information presented is true and accurate.

Date

Signature - AIT

I hereby certify that I trained the above named AIT in the areas outlined in this report.

Date

Signature - Department Head

To the best of my knowledge, I agree with the information presented and the AIT has spent a minimum of 40 hours per week in his/her training program.

Date

Signature - Preceptor

Preceptors please make comments about the AIT program on the back of this cover sheet. (i.e. how the AIT is doing, changes in the curriculum, suggestions on how to strengthen the AIT program, etc.)