ADMINISTRATOR-IN-TRAINING
WEEKLY REPORT AND LOG OF EXPERIENCE REPORT #____

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 BE COMPLETED BY THE AIT:

NAME OF AIT: _____DATE OF REPORT: _____

FACILITY: _____

DATES COVERED BY THIS REPORT FROM: _____ TO _____

During this period I received _____ Hours per week of one on one instruction from my Preceptor.
During this period I worked _____ Hours per week.

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

Signature of AIT _____

Please include the following in your report:

- **List assignments in departments with times spent in each**
- **Summary of your learning experience and any problems that you observed**
- **List meetings, tours, or visits you were involved with**
- **Discuss Academic Programs attended and Reading Materials**
- **Include Surveys and their outcomes you were involved with**
- **Summarize your weekly AIT experience and if any improvements could be made**

TO BE COMPLETED BY THE DEPARTMENT HEAD

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

_____ _____
Signature of Department Head **Date**

TO BE COMPLETED BY THE PRECEPTOR

I certify that the AIT under my supervision has received the training described within this report and has completed the hours of training and worked the time indicated above. I also have given _____ Hours per week of one on one instruction during the report period.

_____ _____
Signature of Preceptor **Date**

****Preceptors please make comments about the AIT program on the back of this form****