

**NC STATE BOARD OF EXAMINERS FOR  
NURSING HOME ADMINISTRATORS  
3733 NATIONAL DRIVE, SUITE 110  
RALEIGH, NC 27612**

**PRECEPTOR DISCLOSURE FORM**

PLEASE TYPE

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

Are you currently Administrator of Record with DHHR? Yes \_\_\_\_\_ No \_\_\_\_\_

AIT Name: \_\_\_\_\_ Proposed Board Meeting Date: \_\_\_\_\_

**Current Employer Information:**

Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

How long have you practiced as an Administrator? \_\_\_\_\_

How many total AIT's have you precepted? \_\_\_\_\_

How many AIT's have you precepted in the last 24 months? \_\_\_\_\_

Is the proposed AIT curriculum part of a corporate training program? \_\_\_\_\_

Have you reviewed the entire AIT application? \_\_\_\_\_

Who completed the AIT Rationale Form? \_\_\_\_\_

Are you, the Preceptor, in agreement with the rationale as it is presented? \_\_\_\_\_

Is the AIT in agreement with the rationale as it is presented? \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature