

**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