



## MONTHLY REPORT OF NURSING HOME ADMINISTRATOR-IN-TRAINING

**INSTRUCTIONS**

The Preceptor and Administrator-in-Training (AIT) are to record training **each month and complete the monthly report**. The Preceptor and the AIT may either submit the reports monthly to the Board office, or you may submit all of the monthly reports (1 report per month) with the Documentation of Completion form once the training has been completed. All monthly reports and forms are to be signed by the Preceptor and AIT.

FULL NAME OF NHA AIT

EMAIL ADDRESS OF NHA AIT

NAME OF TRAINING FACILITY

PHONE NUMBER OF TRAINING FACILITY

FULL NAME OF PRECEPTOR

PHONE NUMBER OF PRECEPTOR

EMAIL ADDRESS OF PRECEPTOR

**1. LIST ASSIGNMENTS AND DEPARTMENTS WITH TIME SPENT IN EACH:**

Use additional paper if needed. (Example: laundry service – 8 hours: participated in laundry sanitation and developed a process for clothing identification.)

2. SUMMARY OF LEARNING EXPERIENCES:

3. STATEMENT OF PROBLEM(S) THAT AROSE DURING THE TRAINING, ANALYSIS AND INSIGHTS GAINED:

Describe a problem or problems that arose during the training, your role in resolving problem(s), and what insights you gained during the process. (Examples include problems at the facility; issues with AIT training; difficulties encountered in the performance of AIT duties)

4. VISITS OUTSIDE THE FACILITY, EDUCATIONAL CONFERENCES, IN-SERVICE EDUCATION ATTENDED AND TIME:

**MONTHLY HOURS.** Enter the month and dates and document the number of hours of training received and shift(s) worked for that day.

TRAINING DATES COVERED BY THIS REPORT						
FROM			TO			
MM	DD	YYYY	MM	DD	YYYY	
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					<b>TOTAL HOURS</b>	

**AFFIDAVIT OF APPLICANT**

I hereby certify that this report is true and accurate, that I received the training indicated during this reporting period, and the information is from the records of the above-named nursing home facility, which are available for examination upon request by the Virginia State Board of Long-Term Care Administrators (“Board”) or any of its personnel. Further, I attest that I have complied with all applicable laws and regulations governing the practice of nursing home administration. I understand that any false statements or misleading information provided herein shall be sufficient grounds for the denial, suspension, revocation, or discipline of my AIT registration or subsequent licensure by the Board, even though it is not discovered until after completion of my AIT program or issuance of licensure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AFFIDAVIT OF PRECEPTOR**

I hereby certify that this report is true and accurate and the information as indicated in the departments/areas listed was under personal supervision in the practice of nursing home administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluated the development and experience of the trainee to determine specific areas needed for concentration (taken from Regulation 18VAC95-30-180. Preceptors.). I understand that any false statements or misleading information provided herein shall be sufficient grounds for the denial, suspension, revocation, or discipline by the Board of my registration as a preceptor or of my license as an administrator.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date