



## ADMINISTRATOR-IN-TRAINING DOCUMENTATION OF COMPLETION FORM

This form is to be completed by the Preceptor and Administrator-In-Training (AIT) based on the hours completed by the AIT in their respective long-term care setting. The form must include the number of hours spent in each category (as applicable), the Preceptor's evaluation of the AIT, and the Preceptor's recommendation of the AIT.

For more information and resources for completing this form, please visit <https://www.nabweb.org/new-ait-program-manual>.

FULL NAME OF AIT		
EMAIL ADDRESS OF AIT		
NAME OF TRAINING SITE	PHONE NUMBER OF TRAINING SITE	
TRAINING SITE ADDRESS		
FULL NAME OF PRECEPTOR	PHONE NUMBER OF PRECEPTOR	
EMAIL ADDRESS OF PRECEPTOR		
TOTAL NUMBER OF HOURS COMPLETED		
DATES OF AIT PROGRAM: From _____ (MM/DD/YYYY) To _____ (MM/DD/YYYY)		
<b>PRECEPTOR EVALUATION</b>		
1. Please evaluate the above-named Administrator-in-Training's abilities. Use a separate sheet if necessary.		
2. Do you recommend that the applicant's period as an Administrator-in-Training be approved by the Board as meeting the requirements for licensure? (If no, use additional paper to explain, identify areas of improvement, and attach any relevant documentation.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
<b>Domain 1 - Care, Services, and Supports</b>			
1A1	Medical and Nursing Care Practices. Knowledge/Understanding of general medical terminology and standards of practice and guidance for nursing as relates to long-term care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A2	Medication Management and Administration. Knowledge/Understanding of common LTC medications, requirements/limitations, interactions, record keeping, storage requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A3	Disease Management (e.g., acute vs. chronic conditions). Knowledge of care practices, interventions, complications, prevention efforts, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A4	Nutrition and Hydration (e.g., specialized diets). Knowledge of the value of food and drink in maintaining health and well-being.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A5	Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs). Knowledge of daily self-care activities including feeding ourselves, bathing, dressing, grooming, work, homemaking, hygiene, leisure, hobbies. Includes knowledge of adaptive equipment and devices used to enhance and increase independence in performing these activities. Refers to some of the most basic functions of living.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A6	Rehabilitation and Restorative Programs. Knowledge of the proper roles of therapists (occupational, physical, speech...) and nursing staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A7	Care Recipient Assessment and Interdisciplinary Care Planning. Knowledge of the process and participants in the care planning processes and required timelines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A8	Clinical and Medical Records and Documentation Requirements (e.g., storage, retention, destruction). Knowledge of the process, participants and required timelines in care planning.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A9	Medical Director. Knowledge of the role of the medical director, requirements, policies, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A10	Emergency Medical Services (e.g., CPR, first aid, Heimlich maneuver, AED). Knowledge of EMS policies/procedures, equipment, requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A11	Transition of Care (e.g., admission, move-in, transfer, discharge, and move-out). Knowledge of the movement of a resident from one setting of care (hospital, ambulatory primary or specialty care practice, long-term care, home health, rehabilitation facility) to another. More specifically, to and from long-term care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A12	Basic Healthcare Terminology. Knowledge of basic (common) healthcare terms, and more specifically, those more common in the long-term care setting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B1	Psychosocial Needs (e.g., social, spiritual, community, cultural). Knowledge relevant to a patient as well as their family's mental, social, cultural, spiritual, and developmental needs arising from emotional response to their diagnosis, social and role limitations, loss of physical and/or mental abilities and other complexities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B2	Person-Centered Care and Comprehensive Care Planning. Knowledge relevant to empowering people to take charge of their own health rather than being passive recipients of services based on the patient views, input and experience help improve outcomes; knowledge of a plan of care that outlines goals of care, planned medical, nursing and allied health activities for a resident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B3	Care Recipient Bill of Rights and Responsibilities. Knowledge of the federal Nursing Home Reform Law enacted in 1987 in the Social Security Act and the requirements to promote and protect the rights of each resident with a strong emphasis on individual dignity and self-determination.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B4	Care Recipient Safety (e.g., fall prevention, elopement prevention, adverse events). Knowledge of interventions, equipment, reporting requirements, investigation requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
1B5	Care Recipient (and Representative) Grievance, Conflict, and Dispute Resolution. Knowledge of processes for grievances, conflict resolution, dispute resolution, investigation, reporting requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B6	Care Recipient Advocacy (e.g., Ombudsman, resident and family council). Knowledge of your role as residents' liaison between staff and doctors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B7	Care Recipient Decision-Making (e.g., capacity, power of attorney, guardianship, conservatorship, code status, advance directives, ethical decision-making). Knowledge of legal requirements, definitions, limitations, ethics.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B8	Care Recipient (and Representative) Satisfaction. Knowledge of methods to understand and predict satisfaction and methods to improve.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B9	Recognition of Maltreatment (e.g., abuse, neglect, exploitation). Knowledge of legal definitions of abuse, neglect, exploitation; reporting requirements, investigation techniques, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B10	Mental and Behavioral Health (e.g., cognitive impairment, depression, social support systems). Knowledge of the difference between the two; understanding issues related to depression, anxiety, diabetes management, weight loss, smoking cessation and drinking or drug problems; understanding the connection between behaviors and the health and well-being of the body, mind and spirit; relevance to preventing illness or promoting health.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B11	Trauma-Informed Care (e.g., PTSD). Knowledge of the principles of a trauma-informed care approach.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B12	Pain Management. Knowledge of interventional procedures, medication management, therapies, counseling and support, alternative therapies and how to refer to medical specialists.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B13	Death, Dying, and Grief. Knowledge of the processes and stages.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B14	Restraint Usage and Reduction. Knowledge of the proper use of restraints and what constitutes a restraint, knowledge of legal requirements if they are used and limitations and documentation requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B15	Foodservice (e.g., choice and menu planning, dietary management, food storage and handling, dining services). Knowledge of culture change impacts on food service choices, requirements for staffing, requirements for storage, food handling requirements, illness prevention, risks of foodborne illnesses, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B16	Social Services Program. Knowledge of culture change impacts on food service choices, requirements for staffing, requirements for storage, food handling requirements, illness prevention, risks of foodborne illnesses, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B17	Therapeutic Recreation and Activity Programs. Knowledge of various therapy activities that offer benefits to support the health and well-being of residents; knowledge of similar activities specific to seniors with Alzheimer's and Dementia.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B18	Community Resources. Knowledge of existing community resources available and how programs come to exist through legislation, who uses the resources, and how they are delivered.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C1	Hospice and Palliative Care. Knowledge of the differences, knowledge of pain management and psychosocial and spiritual needs, family needs, etc. Knowledge of legal limitations/guidance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C2	Specialized Medical Equipment (e.g., oxygen, durable medical equipment). Knowledge of equipment and supplies to include devices, controls or appliances, specified in the care plan to enable individuals to increase their abilities to perform ADLs or to perceive, control or communicate with their environment. Also includes life support, ancillary supplies and equipment. Knowledge of limitations and costs, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
1C3	Transportation for Care Recipients. Knowledge of requirements to transport.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C4	Telemedicine (e.g., e-health.) Knowledge of CMS guidance - Telehealth and Telemedicine Tool Kit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C5	Diagnostics Services (e.g., radiology, lab services). Knowledge of availability of various services within and near the facility; limitations and requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C6	Dental and Oral Care Services. Knowledge of availability of various services within and near the facility; limitations and requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C7	Healthcare Partners and Clinical Providers (e.g., MD/DO, Nurse Practitioner, Psychiatrist, Podiatrist, Dentist). Knowledge of availability of various services within and near the facility; limitations and requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C8	Volunteer Programs. Knowledge of volunteer programs, to include Ombudsman programs and others; limitations and regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Domain 2 – Operations</b>			
2A1	Budgeting and Forecasting. Knowledge of tools and purposes of budgeting, forecasting, generally accepted accounting principles.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A2	Financial Analysis (e.g., ratios, profitability, debt, revenue mix, depreciation, operating margin, cash flow). Knowledge of financial analysis tools and ability to calculate different indicators and understand what they mean.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A3	Revenue Cycle Management (e.g., billing, accounts receivable, accounts payable, collections). Comprehension of the revenue cycle and the administrator’s role along the way.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A4	Financial Statements (e.g., income/revenue statement, balance sheet, statement of cash flows, cost reporting). Understand financial statements and interpret what they mean to the facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A5	Revenue and Reimbursement (e.g., PDPM, PDGM, ACOs, HMOs, Medicaid, private payers). Comprehension of the various revenue sources, calculations, implications, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A6	Financial Reporting Requirements (e.g., requirements for not for-profit, for-profit, and governmental providers). Knowledge of the financial reporting requirements for different facility types.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A7	Integration of Clinical and Financial Statements (e.g., EMR/ HER, MDS). Knowledge of policies, procedures, practices; compliance implications, viability implications; planning methods, implementation methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A8	Internal Financial Management Controls (e.g., segregation of duties, access). Knowledge of policies, procedures, practices; compliance implications, viability implications; planning methods, implementation methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A9	Supply-Chain Management (e.g., inventory control). Knowledge of cost/time/waste minimization techniques.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A10	Resident Trust Accounts for Personal Funds. Knowledge of policies and procedures and requirements for maintaining trust accounts and reporting/spending requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B1	OSHA Rules and Regulations. Knowledge of rules, regulations, policies, procedures for a safe environment for employees; training, equipment requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B2	Workers Compensation. Knowledge of how to maintain a safe work environment; implications of not doing so.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B3	Ethical Conduct and Standards of Practice. Understand ethical concerns and standards of practice for various professions working within the facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B4	Compliance Programs. Knowledge of the plethora of regulations relating to diversity, safety, risk management, professional development, ethics, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B5	Risk Management Process and Programs. Knowledge/Understanding of how to identify risks, analyze risks, evaluate/rank risks, risk treatment techniques, cycles, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B6	Quality Improvement Processes (e.g., root cause analysis, PDCA/PDSA). Working knowledge of QAPI processes from risk management paradigm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B7	Scope of Practice and legal Liability. Knowledge/Understanding of medical/professional liability issues (e.g., changes in the PPACA); relative to increased use of PAs, NPs, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B8	Internal Investigation Protocols and Techniques (e.g., incidents, adverse events). Working knowledge of investigation procedures and techniques.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B9	Mandatory Reporting Requirements (e.g., incidents, adverse events, abuse, neglect, financial exploitation, fraud). Thorough understanding of definitions of abuse, neglect, exploitation; working knowledge of reporting requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B10	Insurance Coverage (e.g., liability, property). Knowledge/Understanding of insurance requirements relative to risk management.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B11	Healthcare Record Requirements (e.g., confidentiality, disclosure, safeguarding, HIPAA, HITECH). Working knowledge of HIPAA; working knowledge of record keeping requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B12	Security (e.g., cameras, monitoring systems, locks, staff location reporting). Knowledge of technology available, limitations by law, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B13	Contracted Services (e.g., roles, responsibilities, oversight, background checks). Knowledge/Understanding of implications of managed care, case management, reimbursement, benefits, structuring, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C1	Federal Human Resources Laws, Rules, and Regulations (e.g., ADA, FMLA, Wage and Hour, FLSA). Knowledge/Understanding of federal HR laws, rules, regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C2	Selection and Hiring Practices (e.g., EEOC, interviewing, adverse impact, protected classes, occupational qualifications). Working knowledge of valid hiring practices and what you can and cannot do/ask/ say, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C3	Compensation and Benefits Programs (e.g., time off, healthcare insurance, employee pay and payroll). Working knowledge of compensation and benefit programs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C4	Organizational Staffing Requirement and Reporting (e.g., PBJ). Working knowledge of staffing/reporting requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C5	Staff Certification and Licensure Requirements. Working knowledge of certification and licensure requirements of all professionals within the field of LTC.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C6	Professional Development (e.g., maintenance of credentials, continuing education). Knowledge of CE requirements for credential maintenance and professional development of staff (and self).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C7	Employee Training and Orientation. Knowledge of periodic training requirements to include orientation training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C8	Performance Evaluation. Knowledge/Understanding of how to identify risks, analyze risks, evaluate/rank risks, risk treatment techniques, cycles, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C9	Human Resources Policies (e.g., drug-free workplace, discipline, job classifications, photography and video, social media usage, mobile phone usage). Knowledge/Understanding of HR Policies (reasons for, options to change, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C10	Employee Record-Keeping Requirements. Knowledge/Understanding of the lifecycle of records/disposition, safeguards, regulatory requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C11	Employee Grievance, Conflict, and Dispute Resolution. Knowledge/Understanding of resolution strategies, documentation requirements, what constitutes a grievance (act/omission, situation, decision, perceptions).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C12	Employee Satisfaction, Engagement, and Retention. Knowledge/Understanding of best practices in the field, current trends, how to respond, tools available, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
2C13	Cultural Competence and Diversity Awareness. Knowledge/Understanding of the ongoing evolution of cultural competence, awareness, knowledge, understanding, sensitivity and skill.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C14	Labor Relations (e.g., union, collective bargaining [CBA], contract/ pool staff). Knowledge/Understanding of various labor relation issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Domain 3 – Environment</b>			
3A1	Federal Codes and Regulations for Building Equipment, Maintenance and Grounds. Knowledge/Understanding/working knowledge of the Life Safety Code rules/regulations and the survey process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A2	Person-Centered Environment (e.g., home-like environment). Knowledge/Understanding of role/importance of the environment in providing a home-like environment; dignity, coordination of care; personalized care; development of strengths and abilities for improved independence, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A3	Safety and Accessibility (e.g., ADA, safety data sheets). Knowledge/Understanding of documentation required for chemicals/substances in building (SDSes); familiarity with requirements of ADA for private vs. government buildings (Titles I, II, and III).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A4	Facility Management and Environmental Services. Knowledge/Understanding of available strategies/approaches commensurate with culture and other factors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A5	Information Systems Infrastructure (e.g., configurations, data security, technical controls). Knowledge/Understanding of compliance issues (HIPAA, CMS, HITECH) and current best practices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A6	Preventative and Routine Maintenance Programs (e.g., pest control, equipment, mechanical systems). Working knowledge of equipment, systems, maintenance requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A7	Infection Control and Sanitation (e.g., linens, kitchen, hand washing, healthcare acquired infections, hazardous materials). Working knowledge of infection control issues relevant to environmental issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A8	Disaster and Emergency Planning, Preparedness, Response, and Recovery (e.g., Appendix Z). Working knowledge of the coordinated, cooperative process of preparing to match urgent needs with available resources; includes research, writing, disseminating, testing, updating. Emergency plans are living documents and adapt to changing circumstances - protocols, procedures, division of responsibilities...vary somewhat by geography and known risks in the area (tornadoes, hurricanes, earthquakes, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B1	Federal Healthcare Laws, Rules, and Regulations. Working knowledge of federal healthcare laws, rules and regulations as they pertain to facility and life safety code issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B2	Government Programs and Entities (e.g., Medicare, Medicaid, waivers). Working knowledge of QAPI for Medicare/Medicaid compliance relative to Requirements of Participation; F-Tag compliance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B3	Certification and Licensure Requirements for the Organization. Working knowledge of licensure requirements; Requirements of Participation for re-certification standard surveys.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B4	Regulatory Survey and Inspection Process. Working knowledge of; ability to run a “mock” survey/inspection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B5	Procedures for Informal Dispute Resolution (IDR). Working knowledge of the process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
3B6	Centers for Medicare and Medicaid Services (CMS) Quality Measures. Working knowledge of the tools used to measure or quantify healthcare processes, outcomes, patient perceptions and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. Goals include: effective, safe, efficient, patient-centered, equitable and timely care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B7	Quality Assurance and Performance Improvement (QAPI). Working knowledge of QAPI, principles, processes, tools, purpose, elements of QAPI, QAPI F-Tags and federal requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B8	Bed-Hold Requirements. Working knowledge of Medicaid bed hold policies and requirements (Medicare restrictions).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B9	Pre-Admission Screening Annual Review (PASSR). Working knowledge of federal pre-admission screening and annual review requirements (applicability and definitions).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B10	Facility Assessment. Working knowledge of the requirement and purpose of an annual facility assessment; familiarity with tools for conducting these assessments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Domain 4 – Leadership and Strategy</b>			
4A1	Organizational Structures (e.g., roles, responsibilities, functions, systemic processes). Understanding of the purpose of different organizational structures and different types of structures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A2	Organizational Change Management. Understand methods and manners to describe and implement change within its internal and external processes; understand how to develop a structured approach to change; understand how to beneficially transition while mitigating disruption.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A3	Organizational Behavior (e.g., organizational culture, team building, group dynamics). Understand the behavioral dynamics of individuals and groups in organizational settings; working knowledge of what motivates employees and how they interact with each other to be better able to meet short- and long-term goals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A4	Leadership Principles (e.g., communications, styles, mentoring, coaching, personal professional development). Working knowledge of numerous leadership principles, leadership styles, tools, techniques.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A5	Governance (e.g., board of directors, governing bodies, corporate entities, advisory boards). Working knowledge of the role and responsibilities of governance entities in LTC; legal framework, oversight responsibilities, reporting indicators for governing bodies, strategic role; concepts such as collaborative governance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A6	Professional Advocacy and Governmental Relations. Understand the relationships of different organizations and the processes for impactful advocacy for strengthening LTC policies/procedures/rules/laws (meaningful public policy change).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4B1	Mission, Vision, and Value Statements. Working knowledge; understand what mission, vision and value statements are about and how to write good ones. Able to translate into foundation for strategic planning.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4B2	Strategic Business Planning (e.g., new lines of service, succession management, staffing pipeline). Working knowledge of the processes of strategic planning and execution of the plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4B3	Business Analytics (e.g., evidence-based practice, data analytics). Working knowledge of technological tools to effectively process important data for improved outcomes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4B4	Business Development (e.g., sales, marketing, partnerships, ACOs, contracts and agreements, negotiations). Understanding of ideas, initiatives, and activities that yields desired growth; includes building strategic partnerships and making strategic business decisions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
4B5	Public Relations and External Stakeholders (e.g., hospitals, referrals sources, local community, donors). Working knowledge of techniques to attract referrals, partnerships and to satisfy and retain residents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>State-Specific Requirements/Other Training Areas</b>			
	Virginia Requirement: Training on the care of residents with cognitive or mental impairments, including Alzheimer’s disease and dementia. (All AITs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	State Laws and Regulations: Working knowledge of state laws and regulations as they pertain to nursing home licensure and oversight.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	State Laws and Regulations. Working knowledge of state laws and regulations as they pertain to assisted living facility licensure and oversight.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>State-Specific or Other Training Area</i> (fill in as needed):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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 training facility, which are available for examination upon request by the Virginia 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 administrators or assisted living administrators. I understand that any false statements or misleading information provided herein shall be sufficient grounds for the discipline of my AIT registration or subsequent licensure by the Board, even though it is not discovered until after the 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 that the information as indicated in the departments/areas listed was under personal supervision in the practice of nursing home administration or assisted living facility administration. I hereby certify that I provided direct instruction, planning, and evaluation, and I continually evaluated the development and experience of the trainee to determine specific areas needed for concentration. I understand that any false statements or misleading information provided herein shall be sufficient grounds for discipline by the Board of my registration as a preceptor or of my license as an administrator.

I certify that I was routinely present with the trainee for on-site supervision in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility.

If applicable – for preceptors of *Acting* ALF Administrators-In-Training (AITs): I certify that I was present in the training facility and provided face-to-face instruction and review of the performance of the Acting ALF Administrator-In-Training (AIT) herein for a minimum of four (4) hours per week.

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

\_\_\_\_\_  
Date