



ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

INSTRUCTIONS:

- The Administrator-in-Training (AIT) and the Preceptor must sign the monthly training progress report.
- Please save all monthly reports and send to the State Board once the program is complete.

Name of AIT:

Preceptors Name:

Training Dates Covered by this Report:

FROM: _____
MM DD YY

TO: _____
MM DD YY

Name of Training Facility:

Phone No.

1. List assignments and departments with time spent in each: (You may use additional paper if needed.)
Ex. Laundry Service-8hrs:Participated in laundry sanitation and developed a process for clothing identification

2. Summary of learning experiences:

3. Statement of any problems that arouse during the training:

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING

Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by the State Board or any of its personnel.

Signature of Administrator-in-Training

Date

PRECEPTOR

Under penalty of perjury, I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of assisted living 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 evaluate the development and experience of the trainee to determine specific areas needed for concentration.*

Signature of Preceptor

Date