

BOARD OF NURSING HOME ADMINISTRATORS
ADMINISTRATOR-IN-TRAINING QUARTERLY REPORT

ADMINISTRATOR-IN-TRAINING

PRECEPTOR

ADMINISTRATOR-IN-TRAINING FACILITY

PRECEPTOR FACILITY

FACILITY ADDRESS

FACILITY ADDRESS

DATE

QUARTER ENDING

1st Report 2nd Report 3rd Report Final Report (choose one)

Check the three consecutive months that are covered in this quarter.

January
 April
 July
 October

February
 May
 August
 November

March
 June
 September
 December

NOTE: This report must be submitted quarterly. It should cover all six domains within a year. It must be submitted within 30 days following the end of the quarter for which it is being submitted.

- (a) RESIDENT CARE MANAGEMENT
- (b) PERSONNEL MANAGEMENT
- (c) FINANCIAL MANAGEMENT
- (d) ENVIRONMENTAL MANAGEMENT
- (e) MEETING REGULATIONS & GOVERNING ENTITIES DIRECTIVES
- (f) ORGANIZATIONAL MANAGEMENT

Are you assuming any other responsibility in the nursing home during the in-training work period? No Yes

If yes, please describe:

By signing and dating on the line provided below, I certify that I have carefully read this report and that, to the best of my knowledge, the report is accurate and complete.

Signature of Administrator-in-training

Signature of Preceptor

SUGGESTED TIME ALLOCATIONS FOR 52-WEEK AIT PROGRAM

National Association of Boards of Examiners for
Nursing Home Administrators, Inc.

	DEPARTMENTS/AREAS	DOMAIN	Suggested WEEKS	#Weeks This Report
1.	ADMINISTRATION	E	4	___
2.	PERSONNEL	B	3	___
3.	NURSING	A	13	___
4.	REHABILITATION	A	4	___
5.	MEDICAL RECORDS	E	2	___
6.	ACTIVITIES	A	4	___
7.	SOCIAL SERVICES/ADMISSIONS	A	4	___
8.	BUSINESS OFFICE	C	4	___
9.	DIETARY	A	4	___
10.	HOUSEKEEPING/LAUNDRY	D	4	___
11.	MAINTENANCE/ENVIRONMENTAL MANAGEMENT	D/E	4	___
12.	OTHER (e.g., projects, outside the facility visits, corporate office visits, etc.)		2	___
	TOTAL		52	___

AREA: A. RESIDENT CARE MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: B. PERSONNEL MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: C. FINANCIAL MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: D. ENVIRONMENTAL MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: E. MEETING REGULATIONS AND GOVERNING ENTITIES DIRECTIVES

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: F. ORGANIZATIONAL MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

2). Summarize skill/experience obtained in area covered in this report per above activities:

3). How will you apply this skill/experience in your role as an administrator?

4). State any problems incurred during the training period and how problem was addressed or resolved.

5). Indicate meeting dates with preceptor, including places and hours: