South Dakota Board of Nursing Facility Administrators
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PRECEPTOR AND ADMINISTRATOR-IN-TRAINING AGREEMENT

This agreement is to be completed only by applicants that intend to complete an Administrator-In-Training (AIT) program. A list of certified preceptors can be found on the Board's website.

Date: _____

I, _____ agree to be a preceptor for _____
(Preceptor) (Administrator-In-Training)

at _____ beginning _____.
(Facility) (Start Date)

I fully understand my responsibilities as stated in the South Dakota Board of Nursing Facility Administrators (Board) regulations. I agree to guide the Administrator-In-Training through the program as outlined in the National Association of Boards of Examiners for long Term Care Administrators (NAB) Five-Step Program Administrator-In-Training (AIT) Internship Manual.

I agree to complete a monthly evaluative report using the NAB Manual, Form C AIT Progress Report, and submit this report to the Board every month during the term of the AIT. **I will note the hours completed each month on Form C**. Upon completion of the AIT program (240 hours within a *consecutive* six month period), I will complete Form A Preliminary AIT Program Worksheet, Form B Final AIT Program Worksheet and Form D Certification of Program Completion and I will submit these forms to the Board. I understand that a license will not be issued until all completed forms have been received by the Board with the appropriate signatures (typed signatures will not be accepted).

I agree to inform the Board immediately if there is a change in this agreement.

_____ _____
Administrator-In-Training Signature Date

_____ _____
Preceptor Signature Date