



## South Dakota Board of Nursing Facility Administrators

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### Preceptor and Administrator-In-Training Agreement

**INSTRUCTIONS:** Please submit to the Board office an application for licensure with the required fee and a completed and signed Preceptor and AIT Agreement before beginning your AIT training.

A maximum of 40 hours per week may be credited toward completion of the AIT program.

#### **AIT Information** (Please print or type)

First Name:	Middle Name: Maiden Name (if applicable):	Last Name:
Mailing Address:	City:	State / Zip Code:
E-Mail Address:		
Work Phone:	Home Phone:	Mobile Phone:
Training Facility Name: Training Facility Address:	Type of Facility: Training Facility Email Address: Training Facility Phone:	

#### **Preceptor Information** (Please print or type)

First Name:	Middle Name: Maiden Name (if applicable):	Last Name:
Mailing Address:	City:	State / Zip Code:
E-Mail Address:	License Number:	
Work Phone:	Home Phone:	Mobile Phone:
Beginning Date of AIT Program:  Estimated End Date of AIT Program:	<p>1. I have completed the <i>free</i> online NAB-ACHCA Preceptor Training Course.   <input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p> <p>2. If yes, do you believe this course provided relevant and useful information regarding your role as a preceptor?   <input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p> <p>The Board strongly recommends that all preceptors take the online NAB-ACHCA Preceptor Training Course, which includes four 1.25 hour modules. This course is free, available online and you are eligible for continuing education hours for completing each module. This course can be accessed at <a href="https://nab.academy.reliaslearning.com/">https://nab.academy.reliaslearning.com/</a>.</p>	

As the preceptor and AIT named herein, we fully understand our responsibilities as stated in the South Dakota Board of Nursing Facility Administrators regulations. We agree to inform the Board immediately if there is a change in this agreement.

As a preceptor, I agree to guide the Administrator-In-Training through the program as outlined in the following manual (*please check one*):

- National Association of Boards of Examiners for long Term Care Administrators (NAB) Administrator-In-Training (AIT) Program Manual (*2015 version*). I agree to complete the required reports using the forms approved by the Board and found on the Board's website; or
- Good Samaritan Society Administrative Internship Program Workbook (*2013 manual*). I agree to complete the required training and reports using the Internship Program Workbook. I will submit these forms to the Board upon completion of the program.

As an AIT, I understand that if an AIT program is required for licensure, my application will not be processed until all completed forms have been received by the Board with the appropriate signatures (*typed signatures will not be accepted*).

\_\_\_\_\_  
Administrator-In-Training Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date