



South Dakota Board of Nursing Facility Administrators

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ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

INSTRUCTIONS: Please verify that a Preceptor and AIT Agreement has been submitted to the Board office before starting your AIT. The Administrator-in-Training (AIT) and the Preceptor must complete and sign the monthly report and submit this report to the Board office by emailing a copy to SDNFA@midwestsolutionssd.com. You can submit the monthly reports with your Documentation of Completion form at the conclusion of your AIT.

Name of AIT:

Name of Preceptor:

Training Dates Covered by this Report:

FROM: _____
 MM DD YY

TO: _____
 MM DD YY

Name of Training Facility:

Training Facility Phone:

Training Facility Address:

Training Facility Email Address:

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:

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

5. Visits outside the facility, educational conferences attended:

6. **MONTHLY HOURS.** Enter the Month and dates and document the number of hours of training received for that day.

MONTH OF						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						Total=

CERTIFICATION

ADMINISTRATOR-IN-TRAINING

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 Board or any of its personnel.

Signature of Administrator-in-Training

Date

PRECEPTOR

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 nursing facility 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