Virginia Department of
Health Professions
Board of Long-Term Care Administrators

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MONTHLY REPORT OF ASSISTED LIVING FACILITY ADMINISTRATOR-IN-TRAINING

INSTRUCTIONS

- Submit to the Board of Long-Term Care Administrators Board along with the Certificate of Completion.
- The Administrator-in-Training (AIT) and the Preceptor must sign the monthly training progress report.

FULL NAME OF ALF AIT	
EMAIL ADDRESS OF ALF AIT	
FULL NAME OF PRECEPTOR	PHONE NUMBER OF PRECEPTOR
EMAIL ADDRESS OF PRECEPTOR	
NAME OF TRAINING FACILITY	PHONE NUMBER OF TRAINING FACILITY

1. LIST ASSIGNMENTS AND DEPARTMENTS WITH TIME SPENT IN EACH:
   Use additional paper if needed. (Example: laundry service – 8 hours: participated in laundry sanitation and developed a process for clothing identification.)

2. SUMMARY OF LEARNING EXPERIENCES:

3. STATEMENT OF PROBLEM(S) THAT AROSE DURING THE TRAINING, ANALYSIS AND INSIGHTS GAINED:
   Describe a problem or problems that arose during the training, your role in resolving problem(s), and what insights you gained during the process. (Examples include problems at the facility; issues with AIT training; difficulties encountered in the performance of AIT duties)

4. FOR ACTING ADMINISTRATORS-IN-TRAINING: Please describe your weekly face-to-face instruction and review with your preceptor for this month.

5. VISITS OUTSIDE THE FACILITY, EDUCATIONAL CONFERENCES, IN-SERVICE EDUCATION ATTENDED AND TIME:

MONTHLY HOURS. Enter the month and dates and document the number of hours of training received and shift(s) worked for that day.

TRAINING DATES COVERED BY THIS REPORT

FROM			TO		
MM	DD	YYYY	MM	DD	YYYY

SUNDAY	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**

TOTAL HOURS

AFFIDAVIT OF APPLICANT

I hereby certify that this report is true and accurate, that I received the training indicated during this reporting period, and the information is from the records of the above-named assisted living facility, which are available for examination upon request by the Virginia Board of Long-Term Care Administrators ("Board") or any of its personnel. Further, I attest that I have complied with all applicable laws and regulations governing the practice of assisted living administration. I understand that any false statements or misleading information provided herein shall be sufficient grounds for the denial, suspension, revocation, or discipline of my AIT registration or subsequent licensure by the Board, even though it is not discovered until after completion of my AIT program or issuance of licensure.

______________________________ ______________________
Signature of Applicant Date

AFFIDAVIT OF PRECEPTOR

I hereby certify that this report is true and accurate 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 as appropriate to the experience and training of the ALF AIT and the needs of the residents in the facility; and I continually evaluated the development and experience of the trainee to determine specific areas needed for concentration (taken from Regulation 18VAC95-30-180. Preceptors.). I understand that any false statements or misleading information provided herein shall be sufficient grounds for the denial, suspension, revocation, or discipline by the Board of my registration as a preceptor or of my license as an administrator.

If applicable – for preceptors of Acting Administrators in Training (AITs): I certify that I was present in the training facility and provided face-to-face instruction and review of the performance of the Acting Administrator in Training (AIT) herein for a minimum of four (4) hours per week.

______________________________ ______________________
Signature of Preceptor Date