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## MONTHLY REPORT OF NURSING HOME ADMINISTRATOR-IN-TRAINING

<u>INSTRUCTIONS</u>	
The Preceptor and Administrator-in-Training (AIT) are to rec	cord training each month and complete the monthly report. The
Preceptor and the AIT may either submit the reports monthly	y to the Board office, or you may submit all of the monthly reports
(1 report per month) with the Documentation of Completion	n form once the training has been completed. All monthly reports
and forms are to be signed by the Preceptor and AIT.	
FULL NAME OF NHA AIT	
EMAIL ADDRESS OF NHA AIT	
NAME OF TRAINING FACILITY	PHONE NUMBER OF TRAINING FACILITY
NAME OF TRAINING PACILITY	THONE NOWIDER OF TRAINING FACILITY
FULL NAME OF PRECEPTOR	PHONE NUMBER OF PRECEPTOR
EMAIL ADDRESS OF PRECEPTOR	
1. LIST ASSIGNMENTS AND DEPARTMENTS WITH	TIME SPENT IN FACH:
	ce – 8 hours: participated in laundry sanitation and developed a
process for clothing identification.)	to hours, participated in laundry summation and developed a
process for clothing identification.)	

_	SUMMARY OF LEARNING EXPERIENCES:
2.	SUMMART OF LEARNING EAFERIENCES.
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.	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.

	FROM	TRAINING DAT	TES COVERED BY	THIS REPORT	ТО	
MM	DD	YYYY			DD	YYYY
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					TOTAI	L HOURS
nformation is from the Virginia State I complied with all any false statement revocation, or disc	n the records of the Board of Long-Ter applicable laws an its or misleading in	e above-named nur om Care Administra d regulations gove information provide registration or sub	I received the train rsing home facility, ators ("Board") or a erning the practice ed herein shall be sequent licensure beensure.	which are available of its personne of nursing home a ufficient grounds	e for examination l. Further, I attest dministration. I ut for the denial, su	n upon request by t that I have understand that spension,
Signature of Applicant			Date			
AFFIDAVIT OI	F PRECEPTOR					
personal supervis and evaluation; wand experience of Preceptors.). I un	ion in the practice was routinely prese f the trainee to detenderstand that any	of nursing home ad int with the trained ermine specific are false statements o	I the information as dministration. I here in the training faci eas needed for cond or misleading inform the Board of my regis	eby certify that I p lity; and I continu- centration (taken f nation provided he	rovided direct in ally evaluated the rom Regulation for shall be suf	struction, planning e development 18VAC95-30-180. ficient grounds for
Signature of Pre	eceptor		Date			