



Administrator-In-Training Documentation of Completion Form

This form is to be completed by the Preceptor and the Administrator-in-Training (AIT) once training has concluded. The Preceptor and the AIT are to record training each month by completing the individual AIT Monthly Reports. All reports and forms are to be signed by the Preceptor and the AIT.

1. ADMINISTRATOR-IN-TRAINING Full Legal Name (Please Print or Type)

First Name	Middle Name and Maiden Name	Last Name and Suffix
Address	City	State
Email Address:	Phone Number:	Cell Number:

2. PRECEPTOR INFORMATION (Completed by Preceptor)

First Name	Middle Name and Maiden Name	Last Name and Suffix
Facility Name:	Facility Address:	City/State/Zip:
Dates of AIT Program:	Number of Hours Completed:	

3. PRECEPTOR'S EVALUATION

Instructions: This section is to be completed by the **Preceptor ONLY**. Evaluate the above-named Administrator-in-Training's abilities. Use a separate sheet if necessary.

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NMRDL

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

Do you recommend that the Applicant's period as an administrator-in-training be approved by the Board as meeting the requirements for licensure?

Yes No If "No", please explain, identify areas of weakness, and attach relevant documentation.

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING

Under penalty of perjury, 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.

Date

Signature of Administrator-in-Training

PRECEPTOR

Under penalty of perjury, I hereby certify that this Report is correct and the information as indicated in the departments/areas listed was under my personal supervision in the practice of nursing home administration.

Date

Signature of Preceptor