

Administrator-In-Training Program

Name of AIT: _____

Name of Preceptor: _____

Facility: _____

Address: _____

Telephone: _____

Expected Beginning Date: _____ Expected Completion Date: _____

A. Class Time: _____

B. Study Time: _____

I. Initial Meeting

Date/Time: _____

Attended by (NCALA rep): _____
initial

Attended by (preceptor): _____
initial

Questions

1. Describe your experience working in any health care setting as well as specific experience working in an assisted living facility. Length of time? Job responsibilities?

2. Describe your educational background.

3. What days and hours will you be available to complete your training hours?

Focus Areas

Planned number of hours to be completed in each of the following:

Personnel	_____
Business Office/Administration	_____
Resident Care/Personal Care	_____
Medication Aide Duties	_____
Activities	_____
Dietary	_____
Environmental/Housekeeping	_____
Maintenance	_____
Other (List Areas)	_____
Total Hours	_____

Note: All hours must add up to a minimum of 100 hours or more than 100 if assigned by AIT provider and preceptor.

**Proceed to next page(s) to document details
from the midpoint & final meetings**

II. Midpoint Meeting

Date/Time: _____

Attended by (NCALA rep): _____
initial

Attended by (preceptor): _____
initial

Questions

1. What are the candidate's strengths and weaknesses at this point of their training?

2. Does the number of hours need to be increased from the amount established in our initial meeting? Do the hours need to be re-allocated to different focus areas? Please explain.

3. What are some of the highlights of the training so far? What type of events or responsibilities do you have planned for the candidate going forward?

Focus Areas

	<u>Planned</u>	<u>Completed</u>	<u>Remaining</u>
Personnel	_____	_____	_____
Business Office/Administration	_____	_____	_____
Resident Care/Personal Care	_____	_____	_____
Medication Aide Duties	_____	_____	_____
Activities	_____	_____	_____
Dietary	_____	_____	_____
Environmental/Housekeeping	_____	_____	_____
Maintenance	_____	_____	_____
Other (List Areas)	_____	_____	_____
Total Hours	_____	_____	_____

Note: All hours must add up to a minimum of 100 hours, or more than 100 if assigned by AIT provider and preceptor.

****If extra space is needed to answer questions on this page, use additional sheets.****

III. Final Meeting

Date/Time: _____

Attended by (NCALA rep): _____
initial

Attended by (preceptor): _____
initial

Questions

1. Discuss candidate's progress from beginning to end of the training program. Provide a final assessment of candidate's strengths and weaknesses.

2. Does the candidate need additional hours? Does the candidate, preceptor, and AIT program provider agree that the candidate has met all the requirements?

3. What are the immediate or future plans of the candidate?

Focus Areas

	<u>Planned</u>	<u>Completed</u>	<u>Remaining</u>
Personnel	_____	_____	_____
Business Office/Administration	_____	_____	_____
Resident Care/Personal Care	_____	_____	_____
Medication Aide Duties	_____	_____	_____
Activities	_____	_____	_____
Dietary	_____	_____	_____
Environmental/Housekeeping	_____	_____	_____
Maintenance	_____	_____	_____
Other (List Areas)	_____	_____	_____
Total Hours	_____	_____	_____

Note: All hours must add up to a minimum of 100 hours, or more than 100 if assigned by AIT provider and preceptor.

****If extra space is needed to answer questions on this page, use additional sheets.****

IV. Signatures

I, being an Administrator-in-Training candidate, do hereby certify that I have completed a training program designated by my preceptor and AIT program provider of a minimum of 20 hours of classroom and coursework and 100 hours of on-the-job training.

Administrator-in-Training Candidate's Signature

Date

I, being a certified assisted living administrator in the state of NC, as well as an approved preceptor, do hereby certify that the above individual has served in the capacity of an "Administrator-in-Training" for a minimum of 20 hours of classroom and coursework and 100 hours of on-the-job training as outlined by the preceptor and administrator-in-training program provider.

Preceptor's Signature

Assisted Living Administrator Certificate #

Date

I, being an approved administrator-in-training program provider, do hereby certify that the administrator candidate above has completed an AIT program that consists of a minimum of 20 hours of classroom and coursework and 100 hours of on-the-job training under the preceptor named above.

AIT Program Provider's Signature

Date