

IDAHO BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

Idaho Bureau of Occupational Licenses

700 West State Street, Boise ID 83702 or

P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Fax: (208) 334-3945

Website: www.ibol.idaho.gov E-mail: nha@ibol.idaho.gov

ADMINISTRATOR-IN-TRAINING REPORT

Reports for those trainees employed in a nursing home must be submitted to the Board after completion of each five hundred (500) hour increment and reflect that the preceptor of the trainee has instructed, assisted and given assignments as deemed necessary to fulfill the requirements of Rule 400.03.

ADMINISTRATOR-IN-TRAINING

PRECEPTOR

ADMINISTRATOR-IN-TRAINING FACILITY

PRECEPTOR FACILITY

FACILITY ADDRESS

FACILITY ADDRESS

1st Report 2nd and Final Report (choose one)

This report covers 500 hours starting on ____/____/____ and ending on ____/____/____.
Date Date

NOTE: This report should cover all six domains within the 1,000 hours. It must be submitted within 30 days after completion of each five hundred (500) hour increment for which it is being submitted.

- (a) RESIDENT CARE MANAGEMENT
- (b) PERSONNEL MANAGEMENT
- (c) FINANCIAL MANAGEMENT
- (d) ENVIRONMENTAL MANAGEMENT
- (e) MEETING REGULATIONS & GOVERNING ENTITIES DIRECTIVES
- (f) ORGANIZATIONAL MANAGEMENT

Are you assuming any other responsibility in the nursing home during the in-training work period? Yes No

If yes, please describe:

By signing and dating on the line provided below, I certify that I have carefully read this report and that, to the best of my knowledge, the report is accurate and complete.

Signature of Administrator-in-training

Signature of Preceptor

SUGGESTED TIME ALLOCATIONS FOR 1000 Hour AIT PROGRAM

National Association of Boards of Examiners for
Nursing Home Administrators, Inc.

	DEPARTMENTS/AREAS	DOMAIN	Suggested Hours	#Hours This Report
1.	ADMINISTRATION	E	120	___
2.	PERSONNEL	B	60	___
3.	NURSING	A	320	___
4.	REHABILITATION	A	120	___
5.	MEDICAL RECORDS	E	40	___
6.	ACTIVITIES	A	60	___
7.	SOCIAL SERVICES/ADMISSIONS	A	60	___
8.	BUSINESS OFFICE	C	60	___
9.	DIETARY	A	60	___
10.	HOUSEKEEPING/LAUNDRY	D	40	___
11.	MAINTENANCE/ENVIRONMENTAL MANAGEMENT	D/E	60	___
	TOTAL		1000 hours	___

AREA: A. RESIDENT CARE MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: B. PERSONNEL MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: C. FINANCIAL MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: D. ENVIRONMENTAL MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: E. MEETING REGULATIONS AND GOVERNING ENTITIES DIRECTIVES

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

AREA: F. ORGANIZATIONAL MANAGEMENT

****MUST FILL OUT SEPARATE FORM FOR EACH AREA COVERED.****

- 1). Explain activities performed to gain knowledge in area covered in this report give a brief description of method of participation.

ON-THE-JOB:

SURVEYS:

MEETINGS:

WRITTEN REPORTS:

ACADEMIC PROGRAM:

READINGS:

TOURS AND VISITS:

