**Administrator-In-Training (AIT)/Preceptor Request and Agreement**

AIT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Preceptor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (license # \_\_\_\_\_\_\_\_\_\_) have agreed to participate in an AIT program and request approval from the Missouri Board of Nursing Home Administrators (MBNHA) to begin the program on or around the date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The facility name and address where the AIT program will be conducted is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.The program is projected to last a period of \_\_\_\_\_\_\_\_\_\_\_\_\_ months.

The AIT candidate and AIT Preceptor acknowledge and agree:

* That no AIT program may begin until Board approval is received.
* To follow the standards and guidelines set forth by the Board and to submit the required reports along with any special reports that may be requested.
* That enrollment in an AIT program and successful completion thereof does not guarantee approval to take the Missouri and/or NAB examination(s).
* That a Preceptor shall not train an employer or supervisor.
* That the Preceptor’s final report and evaluation will be become part of the AIT candidate’s permanent record with the Board.
* To submit monthly progress reports by email to the Board office at the email listed above.

I have carefully read the above statements and declare that all information within this agreement are true and correct. Should I furnish any false or incomplete information in this agreement, I hereby agree that such act shall constitute the cause for denial of admission to the AIT program under MBNHA or may constitute grounds for disciplinary action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AIT candidate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Preceptor