

Missouri Board of Nursing Home Administrators

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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 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.

Signature of AIT candidate

Date

Signature of Preceptor

Date