

Monthly Report of Nursing Home Administrator-In-Training Hours

Report for the Month of: _____, 20_____

Name of AIT: _____

Name of Nursing Home: _____

Nursing Home Address: _____

Preceptor: _____

Instructions: Please send the original report to the Board of Executives of Long-Term Services & Support and keep copies for yourself and preceptor. The report must be submitted by the tenth (10th) of the month following the month the report covers. Please mail to

Board of Executives of Long-Term Services & Support (BELTSS)
 246 N. High Street, 1st Floor
 Columbus, OH 43215

General Subject Area Covered (e.g. Include Hours from Training Plan)	Total Hours Planned	Total Hours this Month	Total Hours to Date
Director of Nursing			
Director of Program Services			
Resident Life Coordinator			
Business Office			
Director of Dining Services			
Director of Maintenance			
Director of Housekeeping & Laundry			
Director of Human Resources			
Director of Community Education			
Community Services			
Marketing			
TOTAL HOURS			

Comments: (Discuss progress and note absences, if any-Vacation, Sick Leave, etc.)

Locations other than home of internship, if any-where parts of the above program were conducted.

Signature (AIT) _____ Date: _____

Signature (Preceptor) _____ Date: _____

BELTSS use only: Hours verified: _____ Date: _____ By: _____