

CHANGE IN PRECEPTOR
Administrator-in-Training
Mentoring Program

Please check type of training below:

Administrator-in-Training

Mentoring Program

NO FEE required

Complete all sections of this application

SECTION A: TRAINEE INFORMATION

1	Name of AIT or Mentoring Trainee:		
	First:	Middle/MI:	Last Name:
2	Address:	Street/PO/Route:	
		City:	State or Country: Zip:
3.	AIT or Mentoring Number:		

SECTION B: PRECEPTOR/FACILITY INFORMATION

1	Name of New Preceptor:	First:	Middle/Initial:	Last:
2	Preceptor #:			
3	Name of Nursing Home where Training will Occur:			
4	Address of Nursing Home:	Street/PO/Route:		
		City:	State:	Zip Code:
5	Telephone # (Optional):			

The preceptor and trainee must sign this section
SECTION C: ATTESTATION

Preceptor: I hereby state that I have agreed to supervise the trainee listed above and I am of good moral character.

_____ Date: _____
 Signature of Supervisor

Trainee: I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

_____ Date: _____
 Signature of Trainee: