



STATE OF LOUISIANA
BOARD OF EXAMINERS OF
NURSING FACILITY ADMINISTRATORS

www.labenfa.com

Phone: (225)295-8571 Fax: (225)295-8574 5647 Superior Drive, Baton Rouge, LA 70816-6049

A.I.T. Initial Report
TRAINING AGREEMENT

Please complete this form and return it to this office as soon as possible.

- 1. Your name:
2. If you have taken the Nursing Facility Administrator's Licensing examination, please enter dates:
Louisiana State Test: NAB National Exam:
3. When will you start your administrator-in-training program?
4. Name of nursing facility where you will train:
Facility Address/City:
Facility Code # Facility Phone:
5. What is the name of the licensed nursing facility administrator who is to be your preceptor?
Preceptor: NFA #
6. I hereby certify that I will undertake this training according to Board Rules and Guidelines.
A.I.T. Signature AIT #

I hereby certify that I am the Administrator of Record of the facility listed above. I will provide a minimum of at least 20 hours per week of onsite supervision. I will be available by telephone to A.I.T. on full time basis. I will send all reports as required. I will follow all other A.I.T. Rules and Regulations, and I am aware that failure to comply with these requirements may result in disciplinary action and/or fine.

Preceptor (Signature)

Sworn to and Subscribed before me

this day of , 20

Notary Public

SEAL

Parish of

My commission expires

State of