



**FINAL PRECEPTOR INTERN REVIEW FORM**

Name of AIT: \_\_\_\_\_  
FIRST MIDDLE LAST

Place of Training: \_\_\_\_\_

Full mailing name and street address of nursing facility to include zip code

Telephone (\_\_\_\_)-\_\_\_\_\_

Date Internship began: \_\_\_\_\_ completed: \_\_\_\_\_

Number of hours spent in:

- |                               |       |
|-------------------------------|-------|
| 1. Administration             | _____ |
| 2. Human Resources            | _____ |
| 3. Nursing Department         | _____ |
| 4. Rehabilitation Department  | _____ |
| 5. Medical/Patient Records    | _____ |
| 6. Activities Department      | _____ |
| 7. Social Services/Admissions | _____ |
| 8. Business Office            | _____ |
| 9. Dietary Department         | _____ |
| 10. Housekeeping/Laundry      | _____ |
| 11. Environment/Maintenance   | _____ |
| 12. Other                     | _____ |

TOTAL HOURS IN INTERNSHIP/AIT PROGRAM: \_\_\_\_\_

**Provide narrative evaluation of suitability for licensure as a long-term care administrator on separate page.**

I certify that the AIT whose signature appears below has satisfactorily completed this Internship of \_\_\_\_\_ hours under my personal supervision.

\_\_\_\_\_  
PRECEPTOR

DATE: \_\_\_\_\_

\_\_\_\_\_  
ADMINISTRATOR-IN-TRAINING

(310:679-10-30(c))

NARRATIVE: