

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

Administrator-in-Training/Preceptor Agreement

I, _____ have entered into an agreement with
(Administrator-in-Training)

_____ to serve as my preceptor for a period of six months,
(Preceptor)

beginning _____.
(month - day - year)

I will be an Administrator-in-Training at _____,
(primary facility)

Located at _____.
(address and city)

My Preceptor is at _____,
(facility)

Located at _____.
(address and city)

By affixing our signatures below, both my Preceptor and I agree to follow standards and guidelines set forth by the Board and to submit such periodic and special reports as the Board may require during the period of training.

Signature _____
(Administrator-in-Training) (Date signed)

Signature _____
(Preceptor) (Date signed)

NOTE: Part 2703, Chapter 1, Rule 1.2.C.(1) states:

"A candidate shall be deemed to have abandoned the application if he/she does not begin the A.I.T. Program within ninety (90) days from date of Board approval to enter the Program".