

## ADMINISTRATION

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

Training site address: \_\_\_\_\_

Phone number \_\_\_\_\_ Date of this report: \_\_\_\_\_

Dates covered by this report: \_\_\_\_\_ to \_\_\_\_\_

For additional comments, use reverse side of this and/or additional pages

1. List assignments and departments with time spent in each:
  - *See attached*
2. Summary of learning experiences:
  - *See attached*
3. Brief analysis of any problems observed, new experiences, insights gained:
  - *See attached*
4. Statement of any problems that arose during the training:
  - *See attached*
5. Visits outside the facility, educational conferences attended:
  - *See attached*

I certify, to the best of my knowledge, that the information presented is true and accurate.

\_\_\_\_\_  
PRECEPTOR, Module completed satisfactorily. This applicant may move forward to the next module.

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

(490: 10-8-7)

Attached Continuation Sheets. *Please limit your comments to what will legibly fit in the space provided. If you need additional space, please attach a separate narrative.*

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ADDITIONAL COMMENTS/CONTINUATION OF ANY ABOVE REMARKS: