



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of  
Long Term Health Care Administrators**

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**ADMINISTRATOR-IN-TRAINING/PRECEPTOR AGREEMENT**

AIT candidate \_\_\_\_\_ and AIT Preceptor \_\_\_\_\_ have agreed to participate in an AIT Program approved by the Board of Long Term Health Care Administrators (LTHCA). The facility name and address where the AIT program will be conducted is \_\_\_\_\_  
\_\_\_\_\_. The program will begin \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
and will last a period of \_\_\_\_\_ months.

By signing the affidavit below, the two parties acknowledge and agree:

- That no AIT program may begin until Board approval is received
- To follow the standards and guidelines set forth by the Board and to submit the required reports along with any special reports that may be requested
- That enrollment in an AIT program and successful completion thereof does not guarantee approval to take the South Carolina or NAB Nursing Home Administrator License Examination
- That a Preceptor shall not train an employer or supervisor
- That the Preceptor's final report and evaluation will become part of the AIT's permanent record with the Board of LTHCA

**AFFIDAVIT**

I am the person described and identified, of good moral character, and the person named in this agreement. I have carefully read the questions in the foregoing agreement and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this agreement, I hereby agree that such act shall constitute the cause for denial of admission to the Administrator-in-Training Program under the Board of Long Term Health Care Administrators or may constitute grounds for disciplinary action.

\_\_\_\_\_  
Signature of AIT      Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Preceptor      Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

*Seal Required Here*