

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

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



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: