



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of  
Long Term Health Care Administrators**  
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**NURSING HOME ADMINISTRATOR  
ADMINISTRATOR-IN-RESIDENCY (AIR) PROGRAM  
PARTICIPANT/ PRECEPTOR AGREEMENT**

**FACILITY INFORMATION**

Facility Name: \_\_\_\_\_ Facility License No.: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_ License No.: \_\_\_\_\_

**AIR PARTICIPANT INFORMATION**

Full Name \_\_\_\_\_ AIR Permit No.: \_\_\_\_\_

**License Type:** ☐ Nursing Home Administrator ☐ Dual License

The above listed AIR participant and AIR preceptor have agreed to participate in an AIR Program approved by the Board of Long Term Health Care Administrators (LTHCA). The program will be conducted at the SC DPH licensed facility listed above, commencing on \_\_\_\_\_ and will last a period of \_\_\_\_\_ months.

**PROGRAM PROPOSAL**

Listed below are the suggested hours to be spent in each area of practice. Complete the following section in accordance with the program structure most appropriate for the AIR. All programs require Board approval prior to implementation.

| DEPARTMENT                      | 6-MONTH PROGRAM<br>(Bachelor's Degree in<br>Health Care) | 9-MONTH PROGRAM<br>(Bachelor's Degree other<br>than Health Care) | 12-MONTH<br>PROGRAM<br>(Health-related<br>Associate's Degree) |
|---------------------------------|----------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------|
| ADMINISTRATION                  | 200                                                      | 300                                                              | 400                                                           |
| HUMAN RESOURCES                 | 75                                                       | 100                                                              | 100                                                           |
| NURSING/HEALTH CARE SERVICES    | 150                                                      | 200                                                              | 300                                                           |
| REHABILITATION                  | 30                                                       | 50                                                               | 70                                                            |
| MEDICAL/RESIDENT RECORDS        | 35                                                       | 50                                                               | 70                                                            |
| ACTIVITIES                      | 20                                                       | 40                                                               | 50                                                            |
| SOCIAL SERVICES/ADMISSIONS      | 30                                                       | 50                                                               | 70                                                            |
| BUSINESS OFFICE                 | 100                                                      | 150                                                              | 200                                                           |
| DIETARY                         | 30                                                       | 50                                                               | 70                                                            |
| HOUSEKEEPING/LAUNDRY            | 25                                                       | 40                                                               | 50                                                            |
| MAINTENANCE/ENVIRONMENTAL       | 25                                                       | 50                                                               | 60                                                            |
| OTHER – detail in section below |                                                          |                                                                  |                                                               |
|                                 |                                                          |                                                                  |                                                               |
| <b>TOTAL HOURS</b>              | <b>720</b>                                               | <b>1080</b>                                                      | <b>1440</b>                                                   |

## **SPECIAL PROJECTS OR ACTIVITIES:**

All special projects or activities to be completed during the course of the AIR Program must be detailed below. There are several suggested activities in the NAB AIR Manual: AIR Model Standards Covering the Domains of Practice.

Additionally, AIR preceptors and participants may wish to develop a special project that does not appear in the NAB Manual.

- Activity/Project:

Estimated Time Required: \_\_\_\_\_ NAB Domain of Practice: \_\_\_\_\_

- Activity/Project:

Estimated Time Required: \_\_\_\_\_ NAB Domain of Practice: \_\_\_\_\_

- Activity/Project:

Estimated Time Required: \_\_\_\_\_ NAB Domain of Practice: \_\_\_\_\_

- Activity/Project:

Estimated Time Required: \_\_\_\_\_ NAB Domain of Practice: \_\_\_\_\_

- Activity/Project:

Estimated Time Required: \_\_\_\_\_ NAB Domain of Practice: \_\_\_\_\_

- Activity/Project:

Estimated Time Required: \_\_\_\_\_ NAB Domain of Practice: \_\_\_\_\_

- Activity/Project:

Estimated Time Required: \_\_\_\_\_ NAB Domain of Practice: \_\_\_\_\_

- Activity/Project:

Estimated Time Required: \_\_\_\_\_ NAB Domain of Practice: \_\_\_\_\_

- Activity/Project:

Estimated Time Required: \_\_\_\_\_ NAB Domain of Practice: \_\_\_\_\_

## ATTESTATION

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

- That no AIR 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 AIR program and successful completion thereof does not guarantee approval to take the South Carolina or NAB Community Residential Care Facility 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 AIR participant's permanent record with the Board of LTHCA.

## PRECEPTOR'S ATTESTATION:

I, \_\_\_\_\_, am the person described and identified in all documents presented in support of this application. I have carefully read the questions in the foregoing application 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 application I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice nursing home administration and/or community residential care facility administration in South Carolina.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## AIR PARTICIPANT ATTESTATION:

I, \_\_\_\_\_, am the person described and identified in all documents presented in support of this application. I have carefully read the questions in the foregoing application 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 application I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice nursing home administration and/or community residential care facility administration in South Carolina.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_