

Provisional Licensee Consultant Agreement

I, _____ agree to be the Consultant Administrator for
_____ for a period of up to 6 months following
Department approval of their Provisional application.

The name of the facility where he/she will be the Provisional licensee is:

Full Name of Facility _____

Street Address: _____ City: _____, OK ZIP _____

- This facility has not had a provisional licensee within the last year.
- I have been an administrator of record for at least two (2) years in a comparable Long-Term Care facility in Oklahoma.
- I understand my responsibilities to include:
 - o Providing direct supervision of the provisional licensee for at least eight (8) hours per week with no more than 10 calendar days lapsing between consultant visits to the provisional licensee's facility; and
 - o Alert the Department if the provisional licensee is unable to fulfill the administrator requirement.
 - o Should it become necessary that I can no longer serve as the consultant administrator for this Provisional Licensee, I will notify the Department and the Provisional Licensee who will be responsible to find a replacement consultant administrator to serve in this capacity for the remainder of the time on the provisional license.
- I have read and understand the provisions in **OAC 310: 679-10-5** as they relate to my requirements as a consultant administrator.

I understand this document will be submitted as a part of the Provisional Licensee's record and application for a Provisional License. The Provisional Licensee will be the Administrator-of-Record at the facility and will be ultimately responsible for the facility's operation.

(Name of Consultant Administrator) Date: _____

(Signature) OK License Number: _____

(Name of Provisional Licensee/Applicant) Date: _____

(Signature)

