OKLAHOMA
State Department
of Health

Long-Term Care Administrator Preceptor Identification Form

Intern Name

Preceptor Name

License Number

Preceptor Facility Name

Facility Address

Preceptor Phone

Preceptor Email Address

Note: 310:679-10-31(c) Interns are required to notify the Department if a change in preceptors becomes necessary during their internship. Approval of this change will be at the discretion of the Department.

Please email this form in addition to a completed and signed Preceptor Attestation form to longtermcareadminlicensing@health.ok.gov for review and approval.

If you have any questions or concerns you can reach the Long-Term Care Administrator Licensing Program at **405-426-8970**, Monday through Friday, 8 AM to 5 PM.