



ADMINISTRATOR-IN-TRAINING PRECEPTOR AGREEMENT
OK ST BD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS

I, _____, have entered into an agreement
with _____ to serve as my preceptor for
a period of _____ months, beginning _____ and
ending _____
(month-day-year) (month-day-year)

The facility in which I will be training is _____
located at _____.

By affixing our signatures below, both my preceptor and I agree to follow
standards and guidelines set forth by the Board and to submit such periodic and special
reports as the Board may require during the period of training.

Signature _____ (Date Signed)
(Administrator-In-Training)

Signature _____ (Date Signed)
(Preceptor)

TRAINING PERMIT:

This Training Permit is granted in accordance with OAC 490:10-8-3 on this
_____ day of _____, 20____ and expires one year from this date.

OSBELTCA Staff Member

[SEAL]