

Consultant Licensee's Monthly Report

Due to OSBELTCA by the 10th of each month

Submitted by:

Consultant's Name: _____ OK LTC Lic #: _____

Provisional Licensee's Name: _____

Expiration Date of Provisional License: _____

Facility Name: _____

Street Address: _____

City: _____, Oklahoma Zip: _____

Time Period of this report: _____

Dates/Hours of Supervision:

Date	Hours	# of Days between Consultant visits

Brief Narrative (problems noted, events, issues, lessons learned...continue on next page if necessary)

I attest this is a true and accurate accounting of my time/dates spent with this Provisional Licensee during this time period.

_____ Date: _____

(Signature)

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