

Provisional Licensee Consultant Agreement

I, _____ agree to be the Consultant Administrator for
_____ for a period of up to 6 months following Board approval of their application or whenever he/she is fully licensed, whichever comes first.

The facility where he/she will be the Provisional 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 I will submit MONTHLY evaluation reports on the provisional licensee to the Board no later than the tenth day of each month for the duration of the provisional license.
- Should it become necessary that I can no longer serve as the consultant administrator for this Provisional Licensee, I will notify the Board 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 490: 10-1-5 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)