

APPLICATION FOR PRECEPTOR

A preceptor must hold a current license in Kansas as an adult care home administrator that is not under suspension and have had either three years of full-time experience or a total of 5,000 hours of experience, within the preceding five years (K.A.R. 28-39-29).

License # _____ Date Licensed in Kansas _____ SSN _____

Name: _____
Last First MI Other

Personal Mailing Address: _____
Street/Route/Box/Apt #

_____ City State Zip

Email address: _____

Other States in which you have or have held a license as an adult care home administrator.

State _____ Date Licensed _____ License # _____

State _____ Date Licensed _____ License # _____

State _____ Date Licensed _____ License # _____

State _____ Date Licensed _____ License # _____

Experience as a licensed adult care home administrator, list current employment first. (Verify experience by attaching a job description and a letter from the employer, supervisor, owner, corporation, or board of director listed attesting to the dates of employment at each facility employed within the three to five year verifiable period.)

Employer's Name _____

Employer's Address _____

Facility Name _____

Facility Address _____

Job Title _____ Hours Per Week _____

Dates of Employment: From _____ To _____

Supervisor's Name _____ Phone # _____

Employer's Name _____

Employer's Address _____

Facility Name _____

Facility Address _____

Job Title _____ Hours Per Week _____

Dates of Employment: From _____ To _____

Supervisor's Name _____ Phone # _____

Employer's Name _____

Employer's Address _____

Facility Name _____

Facility Address _____

Job Title _____ Hours Per Week _____

Dates of Employment: From _____ To _____

Supervisor's Name _____ Phone # _____

If additional space is needed, please attach another sheet listing information as requested by this experience form.

I do hereby attest that the information supplied in this application and any attachment is accurate and completed to the best of my knowledge. I do hereby give permission to the board to verify any information provided in this application and attachments.

Signature: _____ Date _____

FOR OFFICE USE ONLY

Requirements met / Requirements not met Reviewed by: _____ Date _____

Comments: _____

Date Requirements Met _____ Preceptor # _____