

Date: _____

ADMINISTRATOR IN TRAINING AGREEMENT

The State of Ohio Board of Executives of Long Term Services & Supports (BELTSS)
246 N. High St./1st Fl.
Columbus, Ohio 43215-2406

I, _____, have entered into an agreement with _____
(Administrator in Training) *(Preceptor)*

who will provide full-time supervision as my preceptor (full-time being defined as a minimum of 35 hours per week) for an internship period of _____ mos. _____ hours, beginning _____ under the Conditions approved by the Board for this internship. *(Month, Day, Year)*

The nursing home in which the internship is to be based is:

Nursing Home:
Street Address:
City/County/State/Zip:

By affixing our signatures below, both the preceptor and I have agreed to abide by the standards set forth in 4751-1-09, Administrator in Training program, and Rule 4751-1-05, Pre-Examination requirements, as enacted by the Board.

Signature _____
(Administrator in Training) *(Date Signed)*

Signature _____
(Preceptor) *(NHA Lic. #)* *(Date Signed)*

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary _____

My Commission Expires _____, 20_____.

Send original to: Board of Executives

Keep copies for: Trainee and Preceptor