

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)

I have have not taken the NAB Preceptor Training Course

Send original to: Board of Executives

Keep copies for: Trainee and Preceptor