

**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 # \_\_\_\_\_