

APPLICATION FOR PRECEPTOR

INSTRUCTIONS

References: **K.A.R. 26-38-1** Definitions and **K.A.R. 26-38-2** Educational requirements for licensure

- 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, as a licensed adult care home administrator of a nursing facility, a nursing facility for mental health, or an intermediate care facility for the mentally retarded. This experience shall have consisted of direct responsibility for, or active assistance and advising on, the general administration of the facility including responsibility for planning, organizing, directing, and controlling the operation of the facility.
- The Application for Preceptor must document the experience as an administrator as outlined above. To verify the documentation, attach 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.
- The preceptor must be the full-time administrator of record or a license administrator who directly supervises the administrator of record; and maintains direct supervision of the trainee in the facility in which the training is to be provided.
- “Administrator of record” means the licensed adult care home administrator on record with the Kansas Department for Aging and Disability Services as the administrator of the facility in which the candidate’s practicum will be provided.
- “Direct supervision” means the process by which an on-site preceptor directs and monitors the day-to-day activities of a trainee to ensure that these activities are performed without risk or harm to residents.
- A preceptor may not supervise more than two trainees at a time.
- The Administrator-in-Training Orientation Program is provided for optional use. The coordinator at the school should provide you with an approved curriculum to use for training.

If you have any question regarding the application for preceptor qualifications, please contact Karen Torbert: KDADS.Licensure@ks.gov

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. 26-38-1).

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 # _____