



KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
BOARD OF ADULT CARE HOME ADMINISTRATORS

Notice of Training and Request for Practicum and Preceptor Approval

Pursuant to K.A.R. 26-38-2(b)(1) and (2), before participating in a practicum, each individual seeking initial licensure shall be a least 18 years of age and shall request that the college, university, or provider of the equivalent educational training program submit its practicum curriculum and preceptor qualifications for the board's approval.

Trainee Information:

Legal Name: _____ DOB: ____/____/____
(Requester)

Email: _____ Phone number _____

Name of college/university/or provider _____
(Requestee)

By signing you are requesting that the college/university/provider listed above submit their practicum curriculum and preceptor qualifications for board's approval.

Trainee Signature Date

Preceptor Info:

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).

Name Preceptor _____ Preceptor # _____

Name of Training Facility _____

Address of Training Facility _____

Phone number _____

Is the preceptor related to the trainee by marriage or consanguinity within the second degree?

Yes No if yes, please explain _____

Intended Dates of Training: Begins ____/____/____ Ends ____/____/____
(board approval is required before practicum can be started)

I do hereby give permission to the board to verify any information provided in this application and attachments.

Coordinator Signature Date

Please submit along with practicum curriculum by email: karen.torbert@ks.gov or fax: 785-296-0061

FOR OFFICE USE ONLY: Board Approval Date _____ Form Date: 11.22.2022
--