## 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 #		
	Sireet/Route/Box/Apt #		
City	State		Zip
Email address:			
Other States in which yo	u have or have held a license	as an adult care home administrat	or.
State	Date Licensed	License #	
State	Date Licensed	License #	
State	Date Licensed	License #	
State	Date Licensed	License #	
attaching a job description	and a letter from the employer,	or, list current employment first. (V supervisor, owner, corporation, or bo yed within the three to five-year verif	oard of director listed
Employer's Name			
Employer's Address			
Facility Name			
Facility Address			
Job Title		Hours Per Week	
Dates of Employment:	From	То	
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	
Job Title	Hours Per Week
Dates of Employment: From	To
Supervisor's Name	Phone #
If additional space is needed, please attach a	another sheet listing information as requested by this experience form.
•	on supplied in this application and any attachment is accurate and hereby give permission to the board to verify any information provided in
Signature:	Date
	FOR OFFICE USE ONLY
Requirements met / Requirements not met	Reviewed by: Date
Comments:	
Date Requirements Met	Preceptor #