

Long-Term Care Administrator Preceptor Attestation Form

I, _____, attest that the following are true and accurate:

(insert your name here)

- I will serve as the preceptor for _____
(insert name of intern here)
- I hold a current administrator license in the state of Oklahoma.
- I currently serve as a licensed administrator in a _____ facility.
(insert facility type here)
- I have operated as a licensed administrator for the 24 previous months prior to the start of this internship OR I have operated as a licensed administrator 36 out of the last previous 60 months prior to the start of this internship.
- I am not currently subject to disciplinary or enforcement action in this state or another state related to my long-term care administrator license.
- I am the full-time administrator-of-record of the facility at which the intern will be completing their internship OR am a licensed administrator and the direct supervisor of the administrator-of-record at the facility(s) where the intern will be completing their internship.
- I agree to assess and evaluate the intern's background, training, and experience with the intern in order to determine specific areas of concentration within the domains of practice and departmental rotations.
- I agree to give the intern the opportunity to observe and take part in the managerial tasks associated with the operation of all the various departments of the facility by permitting the intern to observe and participate in department activities which align with the intern's Department-approved training program.
- I agree to meet regularly with the intern to whom I am acting as preceptor and will discuss their progress.
- I will work with the intern to identify potential adjustments to the hours spent on specific content requirements based upon the mastery level of the intern.

- I will review the strengths and weaknesses of the intern and provide coaching opportunities to build capacity as needed.
- I will complete the internship completion form required by the Department, attesting to the completion of required internship hours.
- I will keep track of the intern's training for each module and will provide written documentation to the Department upon request.
- I will document the intern's progress at the conclusion of each training module.
- I will complete and submit the required module completion checklist to the Department upon completion of the internship.
- I will complete and submit a final preceptor review form to the Department upon completion of the internship.
- I will maintain a current program completion checklist at the facility where the internship is being completed.
- I will notify the Department if I have concerns about the intern's ability to complete the requirements to become a licensed administrator or if I have ethical concerns with the intern.
- I will ensure the intern has the opportunity to complete the required number of internship hours.
- I will oversee no more than 2 interns at a time.
- During licensure renewal, I will submit a list of interns for whom I have been a preceptor including the start and end dates of my preceptorship.

Printed name: _____

Signature: _____

Date: _____