

Administrator-in-Training Form

Gerontology Program
Bowling Green State University
102 Health Center
Bowling Green, OH 43403

I, _____ have entered into an agreement with _____
_____ to serve as my preceptor for an internship period of 800 hours, beginning
_____ under the conditions approved by the Board of Examiners and Bowling Green State
University for this internship.

Nursing Home _____
Address _____

By affixing our signatures below, both the preceptor and I agree to abide by the standards set forth in
Rule 4751-1-09 (B&C), Administrator-in- Training Program, and Rule 4751-1-05, Pre-examination
requirements as enacted by the Board.

Administrator-in- Training Signature _____ Date _____
Preceptor Signature (with NHA Lic. No.) _____ Date _____
Phone Number: _____

Send Original to: Gerontology Program, Bowling Green State University
Keep Copies for: Administrator- in -Training
Preceptor