



Nursing Home Administrator Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Administrator-In-Training Preceptor Letter

Dear Board of Nursing Home Administrators,

I, \_\_\_\_\_ am a licensed Washington State nursing home administrator currently practicing in Washington state at \_\_\_\_\_ (facility name) \_\_\_\_\_ . I have been practicing in Washington state for \_\_\_\_\_ years.

I would like to serve as a Preceptor for \_\_\_\_\_, who is applying for a Washington administrator-in-training program. I have reviewed WAC 246-843-095 and meet all of the criteria and expectations of this rule. I agree to perform the duties of the preceptor role as described in this rule.

Please reach out to me with any questions or concerns at \_\_\_\_\_.

Thank you,

Preceptor signature: \_\_\_\_\_ Date: \_\_\_\_\_

NHA license number: \_\_\_\_\_