



START NOTIFICATION FOR ADMINISTRATOR- IN-TRAINING PROGRAM

State Form 52638 (R3 / 1-16)

INDIANA STATE BOARD OF HEALTH FACILITY ADMINISTRATORS
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3022
E-mail: pla10@pla.IN.gov

May this memorandum serve as notification to the Indiana State Board of Health Facility Administrators that I,

printed name of preceptor, a licensed administrator and approved preceptor in the State of
Indiana, license number _____, began the approved administrator-in-training program, as prescribed in
840 IAC 1-1-15, for _____ on the _____ of _____, _____
printed name of administrator-in-training *day* *month* *year*.

Signature of preceptor

Date (*month, day, year*)

Signature of administrator-in-training

Date (*month, day, year*)