

COMMITMENT TO FULFILL EXPERIENCE REQUIREMENT

*According to Chapter 135-X-5-.02 of the Board of Examiners Rules and Regulations, college level applicants (applicants with a college diploma or at least two years of coursework from an accredited college or university) who **CANNOT** provide proof of at least three months of experience working fulltime in an administrative AND resident or patient care position in a licensed assisted living facility, nursing home, hospital, or residential care setting for the elderly or disabled OR of completing a minimum of 240 hours of a Board approved internship within two years preceding the date of this application, must obtain this work experience or internship within 6 months of passing Section A of the Category I or II Administrator Licensure examination.*

Therefore, as part of their application, such applicants are required to sign and date the statement below to verify their commitment to obtain the required work experience or internship during the specified timeframe.

Statement of Commitment

This statement verifies that I _____ will commit to obtain the
Name of Applicant

required three (3) months of fulltime work experience in an administrative AND resident/patient care position in a licensed assisted living facility, nursing home, hospital, or residential care setting for the elderly or disabled OR a minimum of 240 hours of a Board approved internship within six (6) months of passing Section A of the administrator licensure examination.

I understand that I cannot sit for Section B of the licensure exam until I have completed this required work experience or approved internship. I also understand if I do not complete the required experience, take the classroom training program and pass Section B of the licensure exam prior to the expiration of my provisional license, that:

- *my provisional license will be null and void after six months,
- *I will not be able to be employed as an assisted living administrator after my provisional license expires, and
- *I will have to submit another application for licensure to the Board of Examiners and pay all the required fees again.

Signed: _____

Date: _____

Please Print Name: _____

Address: _____
Street

City

State

Zip

Phone: _____
Area Code