APPLICATION FOR ADMINISTRATOR CERTIFICATION

ADMINISTRATOR CERTIFICATION PROGRAM

For Office Use Only:

PRINTS TO DOJ: _____

DOJ CLEARED: _____

FBI CLEARED: _____

CACI: _____

FACILITY #: _____

D.O. #: _____

LIS #: _____

Instructions: *See page 2 for complete instructions.*

(1) **Type of Application:** *(Check one box only. If renewing, provide certificate number and expiration date.)*

☐ **New** ☐ **Renewal** Certificate #_____ Expires: _____

(2) **Type of Program:** *(Check one box only; if applying for more than one certificate, submit separate application for each.)*

☐ ARF (Adult Residential Facility) ☐ GH (Group Home) ☐ RCFE (Residential Care Facility for the Elderly)

☐ STRTP (Short Term Residential Therapeutic Program)

(3) **Applicant Information:** *(Please print.)* ☐ *Check here if any information has changed since last submittal.*

Name *(First, MI, Last)*: _____

Address *(Street Address, City, State, Zip)*: _____

Telephone Number: _____ Cell: _____ E-mail: _____

Social Security Number:*_____ Date of Birth: *(MM/DD/YY)* _____

(a) Do you currently hold or have you previously held a license, certification or other approval as a professional in a specified field *(e.g., RN, NHA)*? If yes, please list the type(s) of license(s) or certificate(s) and their number(s). *(Include any Administrator Certificates.)* ☐ YES ☐ NO

(b) Do you currently hold or have you previously held a State-issued care facility license? If yes, please list the type of license(s) and license number(s). *(Include any community care facility licenses.)* ☐ YES ☐ NO

(c) Are you currently employed or were you previously employed by a State-licensed care facility? If yes, please list the facility name(s) and license number(s). *(Place an * by those where currently employed.)* ☐ YES ☐ NO

(d) Have you been the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in (a), (b), and (c) above? If yes, please explain and provide the date(s). *(Include any Administrative Actions. Attach additional pages if more space is needed.)* ☐ YES ☐ NO

(4) For **INITIAL APPLICANTS ONLY**, indicate when you would like your **certificate to expire**. *(Select one box only. If you do not select one, two years from issuance will be used.)*

☐ Two years from date of certificate issuance.

☐ Your birthdate of the second calendar year from certificate issuance. *(This irrevocable selection means your initial certificate term may be for more or less than two full years.)*

(5) **Applicant Certification:** I declare that the foregoing information is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

* Optional but requested for CDSS use only to assist in verifying identity and licensing affiliations. Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

Instructions:

FOR ALL APPLICANTS: Use the applicable following checklist to ensure your application is complete (including all supporting forms and fees) and submit it to: CDSS, Administrator Certification Section (ACS), 744 "P" Street, MS 9-14-47, Sacramento, CA 95814. Keep a complete copy of your package for your records. If you have any questions about the application process, please call the ACS at (916) 653-9300.

FOR INITIAL APPLICANTS:

To receive your Administrator Certificate, applicant shall be at least 21 years of age, have a high school diploma or equivalent, such as a General Education Development (GED) certificate, have the required criminal record clearance (or exemption) on file with the Department of Justice (including, for GH administrators, a Child Abuse Central Index check clearance), and must submit the following within 30 days of receiving your congratulatory letter:

- ☐ A copy of the Department's **congratulatory letter** verifying a passing exam score. (Keep original for your files.)
- ☐ A copy of the Department's application deadline **extension approval letter**, if applicable. (Keep original for your files.)
- ☐ A completed **Application for Administrator Certification** (form LIC 9214 (05/16))
- ☐ A **check or money order** for $100 payable to the Department of Social Services. Please include your administrator certificate number on your check. Paper clip your check to your documents; do not staple or glue.
- ☐ A copy of your **Certificate of Completion** of the Initial Certification Training Program (ICTP, provided by ICTP vendor), or proof of applicable coursework if RCFE/NHA or GH/STRTP applicant.
- ☐ A completed **Criminal Record Statement** (form LIC 508 (07/15))
- ☐ If you have already been fingerprinted by Live Scan, a copy of the completed **Request for Live Scan Service** (form LIC 9163 (03/11)), signed by the Live Scan operator. (Note: You do not need to wait for your Live Scan results before submitting your application.)
- ☐ If applicable, for RCFE applicants only, a copy of your current **Nursing Home Administrator** license.

FOR RENEWAL APPLICANTS:

In order to maintain compliance with the provisions of the Administrator Certification Program, you are required to maintain the criminal record clearance (or exemption), and submit the following information **prior** to the certificate expiration date. *Note that certificates cannot be renewed if they have been expired for more than four (4) years.*

- ☐ A completed **Application for Administrator Certification** (form LIC 9214 (01/16))
- ☐ A **check or money order** for $100 payable to the Department of Social Services *(**OR** for $300 if you're renewing after your certificate expired)*. Please include your administrator certificate number on your check. Paper clip your check to your documents; do not staple or glue.
- ☐ **Proof of completion** (e.g., copies of completion certificates from course vendors) of forty (40) hours of continuing education (OR twenty (20) hours for RCFE/NHA certificate holders) sufficiently related by subject matter and logic to the Core of Knowledge for your certificate type (e.g., ARF, GH, RCFE) and provided by approved vendors per program regulations. The total units must include:
  - ☐ At least four (4) hours of instruction in laws, regulations, policies and procedural standards that impact your type of care facility (e.g., ARF, GH, RCFE)
  - ☐ If not included in your ICTP, at least one (1) hour of instruction in cultural competency and sensitivity in issues related to the lesbian, gay, bisexual, and transgender community
  - ☐ For RCFE (and RCFE/NHA) certificate holders, at least eight (8) hours in subjects related to serving residents with Alzheimer's Disease or other dementias
- ☐ If applicable, for RCFE applicants only, a copy of your current **Nursing Home Administrator** license.
- ☐ For applicants renewing more than two (2) years but less than four (4) years after certificate expired, **proof of completion** of an **additional** forty (40) hours of continuing education (or 20 for RCFE/NHA certificate holders), including an additional four (4) hours in laws, etc., and eight (8) hours in dementia subjects as detailed above.