

**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
BOARD OF ADULT CARE HOME ADMINISTRATORS
RECIPROCITY LICENSURE QUESTIONNAIRE**

APPLICANT: PLEASE MAKE COPIES OF THIS FORM AS NEEDED

An applicant who is licensed in another state as an adult care home administrator may be considered for licensure in Kansas upon determining that the applicant met licensing standards in other states that were not less than those standards for licensure in Kansas on the date of original licensure. To establish eligibility for licensure, this questionnaire must be completed by the applicant and licensing agency in each state in which a license was or is currently held.

Part I - Applicant: Complete, sign and date Part I of this application; forward it to the licensing agency in the state where you are/were licensed.

Name _____

Present Address _____

Name which appears on license, if different _____

Date of Birth _____ Social Security No. _____

State in which licensed _____ License No. _____

I hereby give permission to the authorized officer with the _____^(State) licensing agency to divulge examination scores and other information pertinent to my adult care home administrators license issued by that state.

Signature of Applicant _____ Date _____

Part II - State Licensing Agency: Please complete this section concerning the administrator named above. Do your records agree with the information in Part I YES NO

If "No", please explain: _____

Date License was issued _____ Expiration date _____

Was your state the state of original licensure? YES NO

If "No", which state is indicated as the state of original licensure? _____

Which written licensing examination did the applicant take?

PES _____ NAB _____ Other _____ Date _____ / _____

Total raw score _____ Scaled score _____
Mo. Yr.

Was applicant required to complete:

➤ a long-term care administrator practicum approved by an accredited college or university?
 YES NO If "Yes", please state length of program _____

➤ a long-term care administrator internship approved by a state board?
 YES NO If "Yes", please state length of internship _____

Over

Is the applicant in good standing with your board at this time?

 YES NO

If "No", please explain _____

According to your records, has the applicant ever been disciplined by your board or other state agency?

 YES NO

If "Yes", please explain _____

According to your records, has the applicant every been convicted of a crime by any court in the state of _____,

any court of any other state, or any federal court of the United States?

 YES NO

Do you favorably recommend the above applicant to be licensed by reciprocity by the State of Kansas?

 YES NO

Additional comments: _____

(PLACE SEAL HERE)

Please return this form to:

**Health Occupations Credentialing
Kansas Department for Aging and Disability Services
612 S Kansas Ave
Topeka, KS 66603**

Signature _____

Title _____

Agency _____

Address _____

City _____ State _____ Date _____