

Adult Care Home Administrator Licensure Renewal Application

Your Adult Care Home Administrator license will expire June 30

License#: _____

CE Hrs Due: 50

Renewal Fee: \$100.00

Name _____

Address _____

City, State, Zip _____

Email _____

NOTE: ONLY use this application form if NOT using the online renewal process.

Disciplinary History:

During this licensure period, has your license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked, or subjected to any disciplinary action, or have you been convicted of a crime by any state or federal court in the United States?

No Yes (attach explanation)

Note: According to KSA 65-3505(d) and established board policy, a random check for criminal history will be made on renewal applications.

Continuing Education Attestation

The following attestation statement regarding continuing education must be signed to renew your license:

By signing this application, I affirm that I have completed the continuing education required by regulation (KAR 26-38-8). I understand that an audit will be conducted of a percentage of all applications, and should my application be subject to audit, I will provide all documentation as requested. I understand that my license will not be renewed until all required documentation is reviewed and approved. I also know that falsifying any of this documentation may result in disciplinary action against my license.

Signature _____ Date _____

If NOT renewing please indicate below:

I do not intend to renew my Kansas Adult Care Home Administrator license at this time because:

(Please return this application to the address below so we can update your records)

Before mailing your renewal application, be sure that you have:

- **Enclosed** a non-refundable fee of \$100 made payable to **KDADS**; or completed and enclosed the authorization form to charge fees to your Visa or MasterCard.
- **Answered** the disciplinary question.
- **Signed** the continuing education attestation.

Submit application and fee to:
KDADS.Licensure@ks.gov
Health Occupations Credentialing
503 S Kansas Ave, Suite 300 C
Topeka, KS 66603-3404

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
 SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
 HEALTH OCCUPATIONS CREDENTIALING
 CREDIT CARD AUTHORIZATION FOR VISA OR MASTERCARD

NAME OF INDIVIDUAL: _____

Please Print

As payment of fees for:

Certification CNA/CMA/HHA ONLY
Course # _____
_____ Certified Nurse Aide
_____ Interstate
_____ Certified Home Health Aide
_____ Certified Medication Aide
_____ CMA Renewal
_____ Reschedule State Test
_____ Allied
Fee amount paid _____

Licensing - SLP, Audiology, Diet, Admin, Operator	
Circle Type to Select	enter credential number if known or X if new
Temporary	
Initial/Full	_____ Speech Language Pathologist
Reciprocal	_____ Audiologist
Renewal	_____ Dietitian
Reinstatement	_____ Adult Care Home Administrator
	_____ Operator Registration
\$	Fee amount paid _____

FACILITY USE ONLY

FACILITY NAME AND ID FOR CRC: _____

Criminal Record Check Facility Use Only
Number of names checked: _____
\$10.00 per name _____
Total Paid \$ _____

VISA OR MASTERCARD NUMBER: _____ EXPIRATION ____/____

PRINTED NAME OF CARD HOLDER (REQUIRED) _____

AUTHORIZED SIGNATURE (REQUIRED) _____

Credit Card company service fee of 3.04% will be added to the total

FOR OFFICE USE ONLY:		
AMOUNT: _____	SERVICE FEE: _____	TOTAL CHARGED _____