

**APPLICATION FOR
ADULT CARE HOME OPERATOR REGISTRATION**

K.S.A. 39-923 outlines requirements for obtaining Kansas Registration. Please review the statutes.

The three options for obtaining registration are briefly described below and impact how this application form is completed.

Please circle the option under which you are applying for registration.

- Option A** Possess a Baccalaureate degree in any area of study
Option B Possess an Associate's degree in a relevant field as determined by the Secretary
Option C Possess a high school diploma or equivalent, with one-year relevant experience as determined by the Secretary.

REGISTRATION FEES

Please see fee schedule provided as fees are pro-rated for partial year licenses. Payment can be submitted by mail with app included for a check/money order made payable to KDADS or by using Visa or MasterCard. Charge authorization form provided must be completed and signed to utilize this payment option.

Military Considerations

(For military applicants and spouses - please provide a copy of your United States Uniformed Services Identification Card)

Are you the spouse of an active-duty military service member and wish to receive expedited processing on that basis? _____

Are you an active-duty military service member? _____

Are you a former military service member? _____
If yes, please provide a copy of your DD214 form with Characterization of Service.

APPLICANT INFORMATION

(All applicants must complete this section)

Name: _____
Last, First, Middle (other names used)

Address: _____
Include city, state, & zip code

Phone: work () home () cell ()

Email Address: _____

Date of Birth: _____ **Social Security Number** _____

(attach a copy of your Social Security Card or document bearing your name and Social Security number)

OPERATOR COURSE INFORMATION

(Applies to all applicants)

Please provide a copy of the certificate issued by the school/organization that provided the Operator training course.
List organization which provided the Operator Course and date of course completion below:

**APPLICANTS USING OPTION A OR B
COLLEGE EDUCATION**

Transcripts must be sent by the college or university directly to Health Occupations Credentialing by email to KDADS.Licensure@ks.gov or the provided Board mailing address.

| College/University | Degree | Date Conferred |
|--------------------|--------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

APPLICANTS USING OPTION C

HIGH SCHOOL DIPLOMA OR EQUIVALENT

Verification of high school diploma or equivalent must accompany this application.

WORK EXPERIENCE

Please list the Employer(s), your job title(s) and employment date(s) below for the work experience being utilized to meet the requirement of one-year relevant experience. **Verification of the work experience is also required.**

DISCIPLINARY ACTION/CONVICTIONS

(Applies to all applicants)

Pursuant to K.S.A. 39-923:

has disciplinary action ever been taken against an Operator credential, or a professional or occupational health care license held by you, whether issued by this state or another state or jurisdiction and/or have you had a finding of Abuse, Neglect or Exploitation against a resident of an adult care home as defined in K.S.A. 39-1401 and amendments thereto?

Please Circle: YES NO

If YES, please provide specific details and copies of all relevant documents.

If you answer yes to any misdemeanor/felony/disciplinary question(s) on the application the required documentation must be received by this Board, or your application will be considered incomplete and cannot be processed. If you have questions about the conviction or disciplinary action requirements, please contact Karen Torbert at KDADS.Licensure@ks.gov. Review the information for an explanation regarding the documentation that must be submitted if you answer "yes" to any of the following questions.

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of a Class A misdemeanor? **(any crimes as listed in K.A.R.26-38-5)** Yes _____ No _____

Have you had a judgement of settlement in civil record? **(as described in K.A.R. 26-38-5)** Yes _____ No _____

Do you have any pending criminal case against you for a felony or Class A misdemeanor offense? Yes _____ No _____

Do you presently have any physical or mental conditions or use of drugs or alcohol that could affect your ability to competently and safely practice as an Operator for an Adult Care Home? Yes _____ No _____
(if yes, submit an explanatory letter and physician's release)

Has disciplinary action ever been taken against an adult care home operator registration, administrator license, a professional or occupational health care license, a mental health care license or a social worker license held by you, whether issued by this state or another state or jurisdiction?

Yes _____ No _____
(If yes, please provide specific details and copies of all relevant documents.)

Have you ever had an Operator Registration or Adult Care Home Administrator license denied, revoked, limited, suspended, or publicly or privately censured by a licensing authority? Yes _____ No _____
(If yes, please provide specific details and copies of all relevant documents.)

Are you registered, certified, or licensed in any other profession? Yes _____ No _____

If yes, please list: _____

Have you ever voluntarily surrendered any professional license while an investigation or discipline case was pending?

Yes _____ No _____

Have you ever allowed any professional license to expire while an investigation or discipline was pending? Yes _____ No _____

Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority? Yes _____ No _____

NOTE: Pursuant to state regulations, the agency requires that you provide all reports and court documents related to the conviction. Materials should be submitted to Health Occupations Credentialing. Please note, any and all costs for obtaining such reports/documents are your responsibility. You are also invited to submit a letter and any other additional supporting information or documents to the agency explaining the circumstances surrounding the case, complete resolution of the issue (including final probation, community corrections or parole documents), and how/why this situation is not expected to occur again. The candidate shall have the burden of proving that the candidate has been rehabilitated and warrants the public trust.

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the agency to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.

Signature: _____ Executed on: _____
(date)

Submit application, fee and supporting documents to:
KDADS.Licensure@ks.gov
or
Health Occupations Credentialing
Kansas Department for Aging and Disability Services
503 S Kansas Ave, Suite 300C
Topeka, Kansas 66603-3404

KDADS HEALTH OCCUPATIONS CREDENTIALING
Operator Registration Checklist for Submission

- Complete and sign application
 - Found at www.kdads.ks.gov/hoc
 - Select Applications & Forms from left side menu
 - Scroll to Operator
 - Select Application

- Include payment for application fee
 - Pro-rated fees for licensure in the month of:

| | | |
|---------------|----------------|--------------|
| May \$65 | June \$62 | July \$59 |
| August \$56 | September \$53 | October \$50 |
| November \$47 | December \$44 | January \$41 |
| February \$38 | March \$35 | April \$32 |

 - Found at www.kdads.ks.gov/hoc
 - Select Application & Forms from the left side menu
 - Select Credit Card Fee Payment from Universal Forms heading
 - *For payment by VISA or MASTERCARD ONLY

- Complete Criminal Background Check form
 - Found at www.kdads.ks.gov/hoc
 - Select Applications & Forms from left side menu
 - Scroll to Operator
 - Select Criminal Record Check Form

- Include copy of Operator Registration Certificate of Completion
 - From your Operator Course.

- EDUCATION OPTIONS
 - Transcripts – Bachelor’s or Associate’s – direct from school-
 - OR**
 - High school/GED **AND** verification from employer(s) of at least ONE YEAR of experience.

All materials can be sent via email
to: KDADS.Licensure@ks.gov
or regular mail to:
Health Occupations Credentialing
503 S Kansas Ave, Suite 300c Topeka
KS 66603-3414

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 _____ |
| | | |

HEALTH OCCUPATIONS CREDENTIALING
503 S KANSAS AVE TOPEKA KS 66603
Adult Care Home
OPERATOR
CRIMINAL RECORD CHECK REQUEST

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

OTHER LAST NAMES EVER USED: _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

GENDER _____

ONE OF THE FOLLOWING MUST BE SELECTED
A - ASIAN OR PACIFIC ISLANDER
B - BLACK
I - NATIVE AMERICAN/ALASKAN NATIVE
W - WHITE

RACE _____

ADDRESS PO BOX (IF APPLICABLE)

CITY STATE ZIP

HOME PHONE

CELL PHONE

WORK PHONE

NEW REGISTRATION REQUIREMENT FOR Adult Care Home OPERATORS

HOUSE BILL 2418 - passed the 2014 legislative session and requires that on and after July 1, 2014, no adult care home shall be operated unless under the supervision of an operator who holds a valid registration as an operator or an adult care home administrator who holds a valid license.

REGULATIONS - K.A.R. 26-39-500 through 26-39-506 became effective September 2, 2014 and outline the requirements for obtaining registration as an Operator. The regulations can be found by going to www.kdads.ks.gov/hoc.

- 1) **Download application forms.** Visit www.kdads.ks.gov/hoc.
- 2) **Complete and submit application materials.** Completed Application for Registration should be submitted along with a copy of the Operator Course Certificate of Completion to the Health Occupations Credentialing office at 503 S Kansas Avenue, suite 300C, Topeka, Kansas 66603-3404 or emailed to karen.torbert@ks.gov
- 3) **Criminal Records Check.** The Criminal Record Check Request form must be completed and submitted with the Application for Registration.
- 4) **Pay Fees.** The Fees document outlines the pro-rated fees for Registrations in effect for less than 24 months. Fees may be paid by check made payable to KDADS or via Visa or MasterCard by submitting the Credit Card Authorization form.

| | | |
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| February \$38 | March \$35 | April \$32 |
- 5) **Verify Education.** There are three options for meeting the education requirements to obtain Registration:
 - A) possess a baccalaureate degree (*original sealed transcripts or e-transcripts must be sent by the college or university directly to Health Occupations Credentialing*); or
 - B) possess an associate's degree in a *relevant field, as determined by the Secretary (*original sealed transcripts or e-transcripts must be sent by the college or university directly to Health Occupations Credentialing*); or
 - C) possess a high school diploma or equivalent, with one year *relevant experience, as defined by the Secretary (*high school diploma or equivalent must accompany the application along with verification of relevant work experience*)
- 6) **Relevant experience and fields:** Kansas adult care home Operators are responsible to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines and regulations that govern adult care homes. Responsibilities may include:
 - Planning, developing, organizing and implementing and directing the facility's programs and activities
 - Delegation or development of written policies and procedures that govern the operation of the facility
 - Maintaining a liaison with families and residents
 - Preparation of operating budgets
 - Ensuring that residents rights to fair and equitable treatment, self-determination, individuality, privacy, property, and civil rights are well established and maintained
 - Documentation, including charting and resident records
 - Admission, transfer and discharge of residents, and understanding of Advance Directives
 - Understand the issues involved in abuse/neglect and exploitation, including prevention and reporting requirements

- Understand basic principles in providing for the nutritional needs of older adults and safe food service management
- Knowledge of infection control practices
- Responsibilities in medication management
- Have a basic understanding of fire safety and emergency procedures
- Develop strategies for helping residents deal with behavioral symptoms, including those of dementia
- Understand the role of the surveyor
- Basic knowledge of needs which may develop as a result of the aging process and common chronic diseases found in older adults

Experience should be relevant to these activities. Associate degree fields should be relevant to these activities and responsibilities.

CREDENTIAL DOCUMENTS A wall certificate which lists name, profession, the registration number and effective date along with a wallet sized card listing the same information will be mailed to Registered Operators.

ONLINE VERIFICATION A printable verification of your Operator Registration can be obtained by going to www.kdads.ks.gov/hoc then selecting license verification.