

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Board of Adult Care Home Administrators
APPLICATION FOR
INITIAL ADULT CARE HOME ADMINISTRATOR LICENSE**

Enclose non-refundable fee: **Payable to KDADS. Full: \$ 100.00 ****

**See attached fee schedule. Fees pro-rated for partial year licenses. Enclose non-refundable fee: Payable to KDADS. Personal checks are accepted but must be mailed with app. Visa or Mastercard may be used for payment of fees. Charge authorization form provided must be completed and signed to utilize this 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

Name: _____
Last First Mi Other

Address: _____
Street / Route / Box / Apt # City State Zip

Email: _____

Birthdate: ____ / ____ / ____ SSN _____

Phone: work _____ home _____ cell _____

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

EDUCATION

College/University	Degree	Date Conferred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If applicable, transcripts must be sent by the college or university directly to Health Occupations Credentialing either to KDADS.Licensure@ks.gov or to the mailing address provided below.
If you are filing for testing under KSA-65-3504(b), request, complete, and submit Application for Exemption of Formal Education.

PRACTICUM

Each applicant must satisfactorily complete a long-term care administration practicum of not less than 480 hours approved by an approved practicum sponsor.

Practicum Sponsor _____

College/University/Sponsor

Coordinator _____

Preceptor _____

Name

number

Practicum Beginning Date _____ Ending Date _____

LICENSE IN ANOTHER STATE

List all states in which you have ever held an adult care home administrator license:

State: _____ State: _____ State: _____

State: _____ State: _____ State: _____

Request each state send a verification of licensure directly to this Board address or email it to KDADS.Licensure@ks.gov.

REFERENCES

K.A.R. 26-38-3(b) requires that each licensure applicant submit, on the provided Board approved form, one letter of reference from a licensed adult care home administrator, in state or out of state, and one letter of reference from another person not related to the candidate as defined under "Relative" in K.A.R. 26-38-1(l).

K.A.R. 26-38-1(l) defines Relative to mean any of the following: (1) A spouse, parent, child, or sibling; (2) a sibling as denoted by the prefix "half"; (3) a parent, child, or sibling as denoted by the prefix "step"; (4) a foster child; (5) an uncle, aunt, nephew, or niece; (6) any parent or child of a preceding or subsequent generation as denoted by the prefix "grand" or "great"; or (7) a parent, child, or sibling related by marriage as denoted by the suffix "in-law". For the purposes of this definition, a "member of a household" means a person having legal residence in, or living in, an individual's place of residence.

Disciplinary Action

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 785.296.0061 or 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 Administrator of record 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 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 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 Board 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 Board 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 Board 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

Adult Care Home Administrator Checklist for Submission

Initial License

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

July \$100	August \$92	September \$88
October \$84	November \$80	December \$76
January \$72	February \$68	March \$64
April \$60	May \$56	June \$52
 - 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
- Request official transcript (minimum bachelor's degree) to be submitted
- Submit two reference letter – one MUST be from a licensed administrator
- Request to take the State Exam – The state exam will only be sent after application and application fee has been received by this office.
- Request to take the NAB – www.nabweb.org – approval for the NAB will only be made after application and application fee have been received by this office.

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 _____

REFERENCE LETTER FOR LICENSURE AS AN ADULT CARE HOME ADMINISTRATOR

The candidate for licensure as an adult care home administrator is required to submit two letters of reference: one from an adult care home administrator and one from another person not related to the candidate as defined under "nepotism" in K.A.R 26-38-1(l). Please use this form when submitting your reference. Email to KDADS.Licensure@ks.gov or mail directly to Health Occupations Credentialing, 503 S Kansas Ave, Topeka, Kansas 66603. If you have questions, please contact Karen Torbert at KDADS.Licensure@ks.gov.

Candidate's Name _____

Please consider the candidate's behavior in the following areas: good judgment, integrity, honesty, fairness, credibility, reliability, respect for others, respect for the laws of the state and nation, self-discipline, self-evaluation, initiative, and commitment to the profession of adult care home administration and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for working as an adult care home administrator?

Yes___ No___

If your answer is negative, explain in detail. Please relate your answer to the behavioral characteristics listed above.

If you desire, please add any comments or information which you believe will aid the Board of Adult Care Home Administrators in deciding to approve the candidate's application for licensure.

Are you a licensed adult care home administrator? _____

Are you related to the candidate as a family member or as a member of a household? _____

I attest that the information furnished above is given with the understanding that it will be utilized for purposes of determining the candidate's fitness for licensure as an adult care home administrator and is true and correct to the best of my knowledge and belief.

Date

Name (Please print.) Signature

Address

Phone_____ Email address (optional)_____