KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES
Board of Adult Care Home Administrators
APPLICATION FOR
RECIPROCAL ADULT CARE HOME ADMINISTRATOR LICENSE

K.A.R. 26-38-7 outlines requirements for obtaining Kansas licensure through reciprocity. Please review the Reciprocity Application Instructions for details.

The four options for reciprocal license are briefly described below and impact how this application is completed.

Option A Documentation that the criteria of the licensing State in which the applicant is currently licensed are substantially equivalent to the current Kansas examination, education, training and experience criteria, OR

Option B Documentation that the applicant has been continuously licensed during the preceding five years during which time the applicant annually attained at least 2,080 hours of experience as an administrator of record of a licensed adult care home or a licensed long-term care unit of a hospital, OR

Option C Minimum baccalaureate degree and completion of an approved 480-hour AIT practicum, OR

Option D Documentation of current Health Services Executive certification and no disciplinary action of a serious nature by a licensing board or agency

LICENSE FEE

Reciprocal: $ 220.00 **

**See fee schedule. Fees are pro-rated for partial year licenses.

Enclose non-refundable fee made payable to KDADS**.** Checks/Money Orders must be sent by mail 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

(All applicants must complete this section)

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*)

LICENSE IN ANOTHER STATE

(All applicants must complete this section)

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 provided below or email KDADS.Licensure@ks.gov.

REFERENCES

(All applicants must submit two letters of reference)

K.A.R. 26-38-3(b) requires that each licensure applicant submit, on Board approved forms, 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.

EQUIVALENT LICENSE REQUIREMENTS
(Applies only to applicants applying using Option A)

K.A.R. 26-38-7 allows Kansas licensure through reciprocity for applicants who provide documentation that the criteria of the licensing State are substantially equivalent to the current Kansas examination, education and training experience as specified in K.A.R 26-38-2 and K.A.R. 26-38-4.

Please carefully review the regulations listed above to determine if Option A is the appropriate choice for your reciprocity application. A brief summary of current Kansas license requirements follows:

γPassing score on the NAB examination and State law examination.
γMinimum baccalaureate or higher degree from an accredited college or university.
γCompletion of a 480-hour long-term care administration practicum conducted by a board approved provider

If utilizing Option A please list below the State in which you are/were licensed which has substantially equivalent requirements to current Kansas licensure requirements:

____
Licensing State

Documentation that the criteria of the licensing State are substantially equivalent to the current Kansas exam, education and training experience must also be provided.

WORK EXPERIENCE
(Applies only to applicants applying using Option B)
K.A.R. 26-38-7 allows Kansas licensure through reciprocity for applicants who have been continuously licensed during the preceding five years and during that time, the applicant annually attained at least 2,080 hours of experience as an administrator of record of a licensed adult care home or a licensed long-term care unit of a hospital.

If utilizing Option B for reciprocal licensure, please list the relevant employment information for the preceding five years:

____

____

____

The applicant shall also provide documentation of the work experience listed above as required by K.A.R. 26-38-7.

EDUCATION
(Applies only to applicants applying using Option C)

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

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

PRACTICUM
(Applies only to applicants applying using Option C)

Each applicant utilizing Option C must satisfactorily complete a board approved long-term care administration practicum of not less than 480 hours.

Practicum Sponsor ______________________________ Coordinator ____________________________

College/University/Sponsor

Preceptor ______________________________ Preceptor# ______________________________

Practicum Beginning Date ______________________________ Ending Date ______________________________

Health Services Executive Certification
(Applies only to applicants using Option D)

K.A.R. 26-38-7(c)(1) requires the applicant have a current health services executive credential.
K.A.R. 26-38-7(c)(2) requires the applicant has not had any disciplinary action of a serious nature brought by a licensing board or agency against the candidate.

Facility Type
(all applicants must complete this section)

Please indicate the type of facility in which you are licensed to be an Administrator of record for each state you hold licensure.
(NF, SNF, AL, RHCF, etc.)

____________________ ____________________ ____________________ ____________________

____________________ ____________________ ____________________ ____________________

Disciplinary Action
(All applicants must complete this section)
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? **Yes _______** **No ______**
(any crimes as listed in K.A.R.26-38-5)

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

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

License by Reciprocity

- ○ Complete and sign application
  - Found at www.kdads.ks.gov/hoc
  - Select Applications & Forms from left side menu
  - Scroll to Adult Care Home Administrator
  - Select Reciprocal Application Pack
- ○ Include payment for application fee
  - Pro-rated fees for licensure in the month of:

July $220	August $212	September $208
October $204	November $200	December $196
January $192	February $188	March $184
April $180	May $176	June $172

  - 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 letters – one MUST be from a licensed administrator
- ○ Request to take the State Exam
- ○ Request licensure verification from state(s) you hold or have held licensure

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

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 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.

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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.

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____

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)______________________________

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 ________

wj 9.22.22