KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Board of Adult Care Home Administrators

Application for Reinstatement

Kansas Adult Care Home Administrator License

A Kansas adult care home administrator license may be reinstated upon meeting requirements of K.S.A. 65-3503(d) and K.A.R. 26-38-8. Please complete this application documenting at least 50 clock hours of continuing education and return it with completed Information Inventory, proof of your social security number, and appropriate reinstatement and renewal fees of $220.

License #_____ Social Security Number_____

Name_____ Other name used_____

Address_____

City_____ State_____ Zip_____

Phone: Work (___)_____ Home/Cell(_____)_____

Email: _____

RECORD OF CONTINUING EDUCATION CLOCK HOURS

Clock hours submitted for the purpose of reinstatement shall be earned within the licensure period immediately preceding application for reinstatement.

PRIOR APPROVED PROGRAMS: record approval number, title, date and hours. You must submit verification of attendance for all prior approved programs listed.

PROGRAMS NOT PRIOR APPROVED: record title, date and hours below. You must submit 1) course content, 2) objectives, 3) time frame of educational activity and 4) verification of attendance. *(Note - hours exclude time allotted for regulations, breaks, lunch, business meetings, etc. Credit for full hour or half hour only)*

Approval Number	Program Title	Date

(Please complete the remainder of the application on the back of this page.)

License in Another State
List all states in which you have ever held an adult care home administrator license since obtaining your Kansas 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.

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? **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

Reinstatement of Licensure

- ○ Complete and sign application - attached here OR
  Found at www.kdads.ks.gov/hoc
  Select Applications & Forms from left side menu
  Scroll to Adult Care Home Administrator
  Select Reinstatement Application Pack
- ○ Include payment for application fee
  $220
  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
- ○ Provide **documentation** for 50 CEUs earned within the last two years

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

wj 9.22.22