



FOR OFFICE USE ONLY
Application Approved:
License Number:
Issue Date:
ID#:
Receipt #:

Rhode Island Department of Health
 Room 104
 3 Capitol Hill
 Providence, RI 02908-5097

Instructions and Application For
License As An
Assisted Living Residence
Administrator

- By Examination By Endorsement
- By Rhode Island Nursing
 Home Administrator License

MILITARY STATUS ELIGIBILITY	<i>(Documentation Required)</i> <i>see instructions</i>
Please check ONE of the following criteria for expedited application:	
<input type="checkbox"/> I am in active military duty or a reservist	
<input type="checkbox"/> I am a military veteran with honorable discharge	
<input type="checkbox"/> I am the spouse of someone in active military duty or the spouse of a reservist	

Applicant - Print Name

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LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

By Examination

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$220.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- Original** BCI check from the RI Attorney General's Office; if positive BCI, a detailed explanation is required.
- Completion of a Department approved training program, which includes:
 - RIALA's Certificate,
 - RIALA's letter with examination results, and
 - AIT Certification Form, for 80 hours field experience within a 12 month period in a RI licensed ALR facility; **OR**
- Completion of Degree in health care-related field, which includes:
 - Official school transcript(s), with registrar's signature and school seal
 - Examination results, and
 - AIT Certification Form, for 80 hours field experience within a 12 month period in a RI licensed ALR facility; **OR**
- Active Rhode Island Nursing Home Administrator license in good standing.
NHA Number _____
- Two original letters of good moral character on company letterhead.

By Endorsement

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$220.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- A brief history of prior experience in Assisted Living or related industry.
- Original** BCI check from the RI Attorney General's Office; if positive BCI, a detailed explanation is required.
- Official school or training transcript(s), with registrar's signature and school seal;
- Two original letters of good moral character on company letterhead;
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island

Application for License as an Assisted Living Residence Administrator

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Certificate.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

Male

Female

4. Date of Birth

Month

Day

Year

5. Home Address

It is your responsibility to notify HEALTH of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

Home Phone

-

Home Fax

-

Email Address

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify HEALTH of all address changes.

This address will appear on the Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

Business Phone

-

Extension

Business Fax

-

Applicant: Print your complete last name >

7. Preferred Mailing Address

Please check ONE

- Please use my Home Address as my preferred mailing address
Please use my Business Address as my preferred mailing address

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Form with grid boxes for Type of School, Name of School, Date Graduated (Month/Year), and Degree Received.

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? Yes No
If the answer to this question is "yes", enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession.

Form with columns for State/Country and checkboxes for Active/Inactive licenses.

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? Yes No
Abbreviation of State and Conviction (e.g. CA - Illegal Possession of a Controlled Substance):
Month Year

12. Disciplinary Questions

Check either Yes or No for each question.

- 1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined, or are formal charges pending? Yes No
2. Have you ever been denied a license, certificate, registration or permit in any state? Yes No

Note: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign.

I, _____, being first duly sworn, depose and say that I the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as an Assisted Living Residence Administrator in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform HEALTH of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No./Commission No.

Commission Expiration Date (MM/DD/YY)



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ALRA Field Experience Hourly Tracking

Please Note: If you are training at multiple facilities, you will need to submit this form in addition to the signed and notarized AIT Certification Form (page 8) from each training Administrator in order to receive credit for your internship hours.

Date	Department	# of Hours	Residence	Admin. Signature
Sub Total				



Substitute forms are not acceptable, copy this form as needed.

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Documentation of Eighty (80) Hours of Field Experience (AIT Certification Form)

Print/Type Applicant's Full Name _____ Social Security Number _____ Date of Birth _____

R23-17.4-ALA "Rules and Regulations for the Certification of Administrators of Assisted Living Residences" - Section 3.0, "Qualifications for Licensure" - requires successful completion of a degree in a health-care related field from an accredited College or University **and** requires satisfactory completion of a field experience of at least eighty (80) hours, within a twelve (12) month period, in a training capacity in a licensed assisted living/nursing facility that shall include training in the following areas: Administration, Nursing, Activities Department, Admissions, Human Resources, Business Office, Dietary Department, Environment/Maintenance and Housekeeping/Laundry. At the conclusion of the field experience, the administrator of the licensed assisted living/nursing facility where the field experience was performed must attest that the training included each area.

I hereby attest that _____ has satisfactorily completed eighty (80) hours of Field Experience in the following areas:

Number of Hours	Administration	Number of Hours	Nursing	Number of Hours	Human Resources
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>	Activities Department	<input type="text"/>	Admissions		
<input type="text"/>	Dietary Department	<input type="text"/>	Environment/Maintenance		
<input type="text"/>	Housekeeping/Laundry	<input type="text"/>	Business Office		
<input type="text"/>	Other, Explain: _____				
<input type="text"/>	Total number of hours in AIT Training Program (if hours are obtained at more than one facility, please make photocopies of this form)				

Name of Rhode Island Assisted Living Residence Facility

Signature of Rhode Island Assisted Living Residence Administrator

Print or Type Name of ALRA

Date of Signature

RI ALRA License Number

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)



Substitute forms are not acceptable, copy this form as needed.

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INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S)

I am applying for a license to practice as an Assisted Living Residence Administrator in the State of Rhode Island. The Rhode Island Board of Assisted Living Residence Administrator Certification requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Assisted Living Residence Administrator Certification at the above address.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth _____

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE ASSISTED LIVING RESIDENCE BOARD

Assisted Living Residence Administrator Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

Questions:

- 1. Has this licensee ever been investigated by your Board? Yes No
- 2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- 3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- 4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

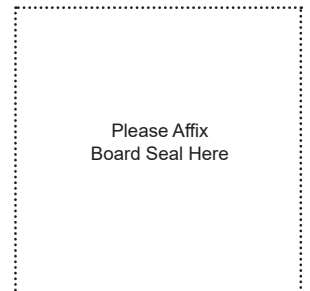
Certification:

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name and State of Licensing Board _____



Please return directly to HEALTH at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.