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| ***FOR OFFICE USE ONLY*** |
| Board Signatures: |
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| ***FOR OFFICE USE ONLY*** |
| Application Approved: |
| License Number: |
| Issue Date: |
| |
| Signature of Board Administrator |
| ID#: |
| Receipt #: |



**Rhode Island
Board of Assisted Living Residence
Administrator Certification**

Room 105
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As An***

**Assisted Living Residence
Administrator**

By

Examination Endorsement

Nursing Home Administrator License

(License Number: NHA _____)

Applicant - Print Name (First/MI/Last)

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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| Instructions for Completing Application..... | 4 |
| Application Materials | |
| Application..... | 6-9 |
| Documentation of Field Experience..... | 10 |
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| Interstate Verification Form - Other State License(s)..... | 12 |

Licensure Requirements

All Applicants (Except Nursing Home Administrator)

- Recent passport type photograph (Approximately 2 X 2 inches in size - head & shoulder view).
- Applications shall be completed and submitted thirty (30) days prior to the scheduled date of the Board meeting.
- Birth Certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status **and** eligibility for employment in the United States (**original or a copy notarized as being a true copy of the original**).
- Signed statement of **Good Moral Character** (page 9).
- **IMPORTANT!: PLEASE DESCRIBE A BRIEF HISTORY OF ANY EXPERIENCE YOU HAVE HAD IN ASSISTED LIVING OR ANY OTHER RELATED INDUSTRY ON A SEPARATE SHEET OF PAPER (ATTACHED TO THIS APPLICATION).**

By Completion of an Approved Training Program and Examination

- Successfully complete an approved training program (Presently provided by the **Rhode Island Assisted Living Association - RIALA**) and pass the Certification Examination.
- Supporting official transcripts of the Training Program sent directly from the Program to the Office of Health Professionals Regulation, Board of Assisted Living Residence Administrator Certification, bearing the signature of the Program Director.

By Health Care Education and Examination

- Pass the Certification Examination (Presently provided by the **Rhode Island Assisted Living Association - RIALA**).
- Supporting official transcripts of a degree in a Health Care-Related field sent directly from the College or University to the Office of Health Professionals Regulation, Board of Assisted Living Residence Administrator Certification, bearing the signature of the Registrar and imprint of the school seal. Transcripts must indicate successful completion of a degree in a health care-related field that includes coursework as follows: 1. Gerontology 2. Personnel Management and 3. Financial Management. (Supply copy of course description from college/university handbook.)

GENERAL INFORMATION (CONTINUED)

By Health Care Education and Examination (continued)

- Provide evidence of satisfactory completion of field experience of at least eighty (80) hours in a training capacity in a licensed assisted living residence that shall include training in the following areas: Administration, Nursing, Activities Department, Admissions, Dietary Department, Environment/Maintenance, Human Resources, Business Office, Housekeeping/Laundry. The field experience must have been completed within a twelve (12) month period immediately prior to the date of the application. The Administrator of the licensed Assisted Living Residence where the field experience was performed must attest that the training included each area described above (See Documentation of Field Experience Page 10).

By Nursing Home Administrator's License

- Possession of a current Rhode Island Nursing Home Administrator's License, in good standing.
- Recent passport type photograph (Approximately 2 X 2 inches in size - head & shoulder view).
- Applications shall be completed and submitted thirty (30) days prior to the scheduled date of the Board meeting.

By Endorsement

- Applicant must hold current license in good standing as an assisted living residence administrator in another jurisdiction/ provided that the Board finds that the standards for licensure in said jurisdiction are substantially equivalent to those prevailing in this state at the time of application; that the applicant meets the Licensure Requirements for **All Applicants** described in this application.
- Supporting official transcripts of education and training credentials sent directly from the school to the Office of Health Professionals Regulation, Board of Assisted Living Residence Administrator Certification, bearing the signature of the Registrar and imprint of the school seal.
- Provide verification of licensure, in good standing, from another state jurisdiction (See Interstate Verification Form Other State License(s) - Page 12)

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Title 23, Chapter 17.4, entitled: Assisted Living Residence Licensing Act can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title23/23-17.4/index.htm>

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Assisted Living Residence Administrator Certification (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 11) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice, criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and for a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 4 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site (Approximately ten (10) days after Board Meeting):

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5888.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application pages (6-9). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Attach a notarized Copy of Birth Certificate or proof of lawful entry into country (Except Nursing Home Admin.).
3. Affix a recent passport type photo of yourself in the space provided (page 9).
4. Provide Documentation as described in "Licensure Requirements" (pages 2-3).
5. On a separate piece of paper, include a brief history of any experience you have had in assisted living or any other related industry (except for Nursing Home Administrator).
6. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 11). Do not submit the application without all applicable information and documentation. Mail these components of the application to:

**Rhode Island Department of Health
Board of Assisted Living Residence Administrator Certification, Room 105
3 Capitol Hill
Providence, RI 02908-5097**

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am of good and moral character and I am 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 the Rhode Island Board of Assisted Living Residence Administrator Certification 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)

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 No./Commission No.

Commission Expiration Date (MM/DD/YY)

Notary Seal

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph and provide the date that the photograph was taken.

Date of Photograph



Rhode Island Assisted Living Residence Administrator Certification Board

Room 105, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-5888

Documentation of Eighty (80) Hours of Field Experience

(AIT Certification Form - Required for Examination and Endorsement Applicants Only)

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 <input type="text"/> | Administration | Number of Hours <input type="text"/> | Nursing | Number of Hours <input type="text"/> | Human Resources |
| <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 Assisted Living Residence/Nursing Facility

Signature of Assisted Living Residence Administrator (ALRA) _____ Print or Type Name of ALRA _____ Date of Signature (MM/DD/YY) _____

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)

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 6-9).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a Birth Certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status **and** eligibility for employment in the United States (**original or a copy notarized as being a true copy of the original**) (except for Nursing Home Administrator).
- I have arranged my Board Application materials in the following order.
 1. Board Application (including cover page) and pages 6-9.
 2. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application **MUST** indicate the section for which the information is being reported.]

I have mailed the above application materials directly to the Rhode Island Board of Assisted Living Residence Administrator Certification.

Required Forms

- I have completed and mailed the following forms as instructed (except for Nursing Home Administrator).
 1. Interstate Verification Form(s) - Other State License(s) (Endorsement Candidates Only).
 2. AIT Certification form (page 10).

Other Documents

- I have requested a school transcript and my certification score as instructed (except for Nursing Home Administrator).



Rhode Island Board of Assisted Living Residence Administrator Certification

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

Room 105, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-5888

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:

- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- 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 _____ | Please Affix Board Seal Here |
| Type or Print Name _____ | | |
| Title _____ | | |
| Full Name and State of Licensing Board _____ | | |

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