

North Carolina Department of Health and Human Services
Division of Health Service Regulation, Adult Care Licensure Section
2708 Mail Service Center Raleigh, NC 27699-2708
Phone: (919) 855-3765
Fax: (919) 733-9379

ASSISTED LIVING ADMINISTRATOR APPLICATION

Name of Applicant: _____
Mailing Address: _____
City, State, Zip Code: _____
Email Address: _____
Phone Number: _____
Birthdate: _____
Last 4 digits of
Social security no.: _____

Are you Requesting:

Check one box only.
Please note education requirement for Assisted Living Administrator Certification listed on page 4

- Assisted Living Administrator Certification**
Certification allows you to work as an administrator in adult care homes (7+ beds) and family care homes (2-6 beds).
- Assisted Living Administrator Certification-Military Equivalency**
For applicants requesting training equivalency for completed military training/testing or an occupational specialty
- Family Care Home (FCH) Administrator Approval**
Family care home administrator approval allows you to work as an administrator only in family care homes (2-6 beds).

***** OFFICE USE ONLY*****
Application Approved: Yes No
Issue Date: _____
Certification/Approval No.: _____
Fee Paid: _____
Agency Initial: _____

APPLICANT INFORMATION

Are you or your spouse an official or employee of the NC Department of Health and Human Services, any county department of social services; or a member of the Medical Care Commission, any county board of Social Services, or of any board of county commissioners? Yes No

Have you ever served in the United States Armed Forces? Yes No

Are you the spouse of an individual who has served in the United States Armed Forces? Yes No

Have you been a resident of the State of North Carolina for more than 5 years? Yes No

If you checked "No", please write the number of years you have been a resident of the State of North Carolina. _____

Have you received a high school diploma or General Education Diploma (GED)? Yes No

Have you completed college/university course work? Yes No

If you checked "Yes", please write the number of credit hours earned. _____

Have you ever held licensure or certification as an assisted living administrator in another state? Yes No

If you checked "Yes", please list the state(s) where licensure/certification where held and the dates.

Have you ever been convicted or are charges currently pending against you for a felony, misdemeanor, or traffic crime? Yes No
(If yes, complete the Explanation of Criminal Charges Form)

Requirement to Consent to Criminal History Record Check and Factors Considered: A satisfactory criminal history report provided by the State and or Federal Bureau of Investigation is required for administrator certification/approval. If the applicant has been a resident of this State for less than five years, the applicant shall complete a criminal history report from both the State Bureau of Investigation and Federal Bureau of Investigation. The criminal background report must be obtained by Live Scan utilizing ACLS forms. All criminal history reports are subject to review by the Adult Care Licensure Section (ACLS) and The ACLS Committee (The Committee). The applicant's criminal history is considered when determining eligibility for administrator certification or approval. ACLS and The Committee will consider the following factors when reviewing an applicant's criminal history: the level and seriousness of the crime(s); the date of the crime(s); the age of the person at the time of the crime(s); the circumstances surrounding the commission of the crime, if known; the nexus between the criminal conduct and the prospective duties of the applicant as a licensee; the prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed; the completion of, or active participation in, rehabilitative drug or alcohol treatment; a Certificate of Relief granted pursuant to N.C.G.S. § 15A – 173.2; the subsequent commission of a crime by the applicant; and any affidavits or other written documents, including character references.

Administrator Certification for Military-Training Applicants and Military Spouses: In accordance with N.C. Gen. Stat. 93B-15.1, a military-trained applicant may be approved for Administrator Certification if the applicant has been awarded a military occupational specialty or completed a military training program or testing that is at the level of or equivalent to the NC Administrator in Training (AIT) program requirements, has engaged in active practice as an administrator in NC for at least two years no more than 5 years preceding the date of application, has not committed any act in any state that would have resulted in a refusal, suspension, or revocation of an administrator license, certification, or registration, and has no pending complaints.

A military spouse may be approved for Administrator Certification if the applicant holds a current license, certificate, or registration as an Administrator from another state, has completed continuing education or has engaged in active practice as an administrator for at least two years no more than 5 years preceding the date of application in a state that has requirements equivalent to or exceeding the requirements of NC AIT program requirements, has not committed any act in any state that would have resulted in a refusal, suspension, or revocation of an administrator license, certification, or registration, has not been disciplined by the agency where active practice as an administrator has occurred, and has no pending complaints.

Appeal Rights: In accordance with North Carolina G.S. § 150B, if ACLS denies an applicant's administrator certification or approval, the applicant may appeal ACLS' decision by initiating a petition with the Office of Administrative Hearings within thirty (30) calendar days of date of the original ACLS' decision if the applicant was seeking to become a certified administrator, and sixty (60) calendar days if the applicant was seeking to become an approved administrator. The applicant is eligible to reapply eighteen (18) months after the date of the most recent application. The reapplication process includes a review of the applicant's criminal background information and, if applicable, the investigation summary.

I certify that I have given true, accurate and complete information on this form or any attachments to the best of my knowledge. I authorize investigation of statements made in this report and understand that false information may be grounds for disqualification.

SIGNATURE _____

DATE _____

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REQUIRED ITEMS FOR ADMINISTRATOR CERTIFICATION OR APPROVAL

- Completed Administrator Application
- Copy of driver's license or other proof of age
- Copy of resume
- Employer reference letter (*required if using supervisory experience for education requirements*)
The reference letter must be on company letterhead and include: dates of employment, statement of supervisory experience, and business phone number of the supervisor
- Documentation of completed education

Assisted Living Administrator Certification Education Requirement: High school diploma or its equivalent and successful completion of the equivalent of two years of coursework at an accredited college or university, or a minimum of 60 months of supervisory experience, or a high school diploma or its equivalent and successful completion of the equivalent of one year of coursework at an accredited college or university **AND** 48 months of supervisory experience within the five years preceding the date of the application. Proof of experience should be included on your resume and in the form of a reference letter from your employer where the experience was gained. Continuing education hours are not accepted.

FCH Administrator Approval Education Requirement: A minimum of a high school diploma or GED is required for the family care home administrator approval process.

Criminal History Report Forms for Live Scan:

- Applicant Information Form and Electronic Fingerprint Submission Release of Information Form
- Documentation of completed Administrator in Training (AIT) program (certificate, meeting notes, evaluation)
- Documentation of successful completion of DHSR Administrator Exam

**REQUIRED ITEMS FOR ADMINISTRATOR CERTIFICATION FOR
MILITARY APPLICANTS AND MILITARY SPOUSES**

(Requesting approval with prior military or occupational experience)

- Completed Administrator Application
- Copy of driver's license or other proof of age
- U.S. Department of Defense Form 214 (DD-214) or similar official notarized documentation attesting to applicant's military occupation specialty certification and experience
- Criminal History Report Forms for Live Scan:
- Applicant Information Form and Electronic Fingerprint Submission Release of Information Form
- Employer reference letter (if using occupational experience to request approval)
- Completed Administrator Licensure Verification Form (if applicant currently holds an administrator license/certification in another state)
- Documentation of successful completion of DHSR Administrator Exam