

**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: \_\_\_\_\_

Are you requesting:

**Assisted Living Administrator Certification**

Please check only one box. Also, please note that certification requires a minimum # of college hours as explained on page 2.

Note: Certification allows you to work in an administrator position in adult care homes (7+ beds) and family care homes (2-6 beds).

**Family Care Home (FCH) Administrator Approval**

Note: Family care home administrator approval allows you to work as an administrator only in a family care home (2-6 beds).

**\*\*\* OFFICE USE ONLY\*\*\***

Application Approved: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Certification/Approval No: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Agency Initial: \_\_\_\_\_

**APPLICANT INFORMATION**

Are you or your spouse an official or employee of the Department of Health and Human Services or of any county department of social services, or a member of the Medical Care Commission, of any county board of Social Services, or of any board of county commissioners?

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.

\_\_\_\_\_

**Requirement to Consent to Criminal History Record Check and Factors Considered:** A satisfactory criminal history report provided by the State Bureau of Investigation. If the applicant has been a resident of this State for less than five years, the applicant shall provide a satisfactory criminal background report from both the State Bureau of Investigation and Federal Bureau of Investigation. 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.

**Appeal Rights:** In accordance with North Carolina G.S. § 150B, if ACLS denies an applicant's administrator certification or approval in whole or in part because of a criminal conviction, 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*)
- 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 combination of education and experience as approved by the Department. 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.

- State criminal history report
- Federal criminal history report (*required if applicant has resided in NC less than 5 years*)
- Verification of completion of Administrator in Training (AIT) program
- Verification of completion of Administrator Exam