

**APPLICATION INSTRUCTIONS FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR
PROVISIONAL PERMIT**

Please read all questions carefully. Several questions require additional documentation. You are required to contact the source of the required documentation and request that documentation be submitted directly to the Board office. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. Please note that according to Idaho Code Sections § 54-4203 and 54-4212, you must be licensed or have a permit to practice. All applicants must review the Idaho laws and rules prior to practice with a permit. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. All returned checks are subject to a \$20.00 fee. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

***Provisional Permits expire after 90 days. For continual licensure, applicant must apply using the application for examination, and pass the exam to receive continual licensure**

Each applicant MUST provide a criminal background report that is not more than 12 months old. This report may be obtained by applying online to the [Idaho Department of Health & Welfare, Criminal History Unit](https://chu.dhw.idaho.gov) or <https://chu.dhw.idaho.gov>.

Applicants for a Provisional Permit must also provide documentation from the facility confirming that the vacancy exists and describing the nature of the emergency.

If you also wish to apply for full licensure, please fill out and submit the Residential Care Facility Administrator License Application.

Checklist for Provisional Permit – Please keep a copy of this application for your records.

- Permit fee of \$150.00
- Completed application
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Either proof of education and experience OR proof of completion of a residential care facility administrator course
- Criminal background report (must have been completed within the last 12 months – this is not required for currently licensed Idaho Nursing Home Administrators)
- Documentation from the facility confirming that the vacancy exists and describing the nature of the emergency

A provisional permit is only valid for 3 months from date of issuance.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

IDAHO BOARD OF EXAMINERS OF RESIDENTIAL CARE FACILITY ADMINISTRATORS

Idaho Division of Occupational and Professional Licenses

11341 W. Chinden Blvd., Boise ID 83714 or

PO Box 83720 Boise ID 83720-0063

Phone: (208) 334-3233 Website: https://dopl.idaho.gov

E-mail: rca@dopl.idaho.gov

APPLICATION FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR PROVISIONAL PERMIT- \$150

I hereby submit my qualifications and make application for a Residential Care Facility Administrator Provisional Permit in the State of Idaho under the provisions of Title 54, Chapter 42, Idaho Code as amended and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is a public record.) Street/PO Box City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above.) Street/PO Box City State Zip

4. Date of Birth ___/___/___ Must be 21 years of age as of the date of application, Idaho Code § 54-4206(1).
mm dd yyyy
(Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)

5. Social Security No. ___/___/___ E-mail _____
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)

6. Business Phone (____) _____ Cell Phone (____) _____
(The above phone number is a public record.) (The above phone number is not a public record.)

7. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No

8. Please mark the method under which you are applying:
___ Proof of completion of a residential care administrator course (attach a copy of the completion certificate)

OR
___ Proof of education and experience (Please mark one (1) of the following combinations of qualifications and experience under which you are applying)

- ___ Possess a bachelor’s degree (or higher) from an accredited college or university and two hundred (200) hours of on-site experience in a residential care facility under the supervision of an Idaho licensed residential care facility administrator.
___ Possess an associate degree from an accredited college or university or its equivalent and four hundred (400) hours of on-site experience in a residential care facility under the supervision of an Idaho licensed residential care facility administrator.
___ Possess a high school diploma or its equivalent and eight hundred (800) hours of on-site experience in a residential care facility under the supervision of an Idaho licensed residential care facility administrator.
Use the addendum on page 4 to document experience under the supervision of an Idaho licensed residential care facility administrator.

9. Have you ever been licensed or certified as a residential care facility administrator in any other state, or country? () Yes () No
(If Yes, list the State(s) here _____. Certification of licensure must be received directly from the licensing authority or received in a print out from the issuing authority website guaranteeing primary source verification before your application will be processed.)
If currently licensed in Idaho as a Nursing Home Administrator, enter license number here _____.

10. Have you ever had a license or certification to practice a health care profession revoked, suspended or otherwise sanctioned in another state or jurisdiction? () Yes () No
(If Yes, a copy of the complaint and the final order must be received by the Board before your application will be processed.)

11. Have you ever been convicted, found guilty, plead nolo contendere, received a withheld judgment or suspended sentence for any State or Federal felony or any crime involving dishonesty or the health and safety of a person? () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

12. Please provide documentation from the facility confirming that the vacancy exists and describing the nature of the emergency.

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

APPLICATION FOR PROVISIONAL RESIDENTIAL CARE FACILITY ADMINISTRATOR PERMIT
APPLICATION ADDENDUM

VERIFICATION OF ON-SITE SUPERVISED EXPERIENCE

The applicant named below is seeking licensure as a Residential Care Facility Administrator in the State of Idaho. The information below is required in order to show evidence of the applicant's supervised experience in Idaho as required in Idaho Code § 54-4206, Qualifications for Examination for License. If there is more than one supervisor, please fill out and submit a form for each one. Please note that supervision must be provided by a Residential Care Facility Administrator currently licensed in Idaho. Please ensure the supervisor you are selecting does not have discipline that would preclude them from being a supervisor.

SECTION 1 - To be completed by the applicant and reviewed and signed by the named Idaho licensed residential care facility administrator supervisor:

FACILITY NAME: _____

FACILITY ADDRESS: _____

SUPERVISOR NAME: _____ PHONE NO.: _____

DATES OF SUPERVISED EXPERIENCE FROM: _____ TO: _____

TOTAL NUMBER OF SUPERVISED CLOCK HOURS: _____

NARRATIVE OUTLINING SCOPE OF DUTIES: Please submit a detailed description of the experience including dates and topics covered in the training.

Printed Name of Applicant

Signature of Applicant

SECTION 2 - To be completed by the supervisor: *(do not complete without reviewing the above information)*

SUPERVISOR NAME: _____
IDAHO RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSE NUMBER RCA- _____

COMMENTS:

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided by both the applicant and me on this addendum and any attachments are true and accurate to the best of my knowledge and belief, and that I may be required to provide additional information. I further certify that I have provided the supervision and have complied with the Idaho Laws and Rules governing Residential Care Facility Administration.

Printed Name of Supervisor

Signature of Supervisor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____