#### IDAHO BOARD OF EXAMINERS OF RESIDENTIAL CARE FACILITY ADMINISTRATORS

Idaho Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Building #4 Boise, ID 83714 or P.O. Box 83720, Boise ID 83720-0063

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

E-mail: rca@ibol.idaho.gov

# APPLICATION INSTRUCTIONS FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSE APPLICATION FOR NURSING HOME ADMINISTRATORS

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 to practice. All applicants must review the Idaho laws and rules prior to licensure. All returned checks are subject to a \$20.00 fee. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. 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.

#### Checklist for those Holding a Valid Idaho Nursing Home Administrator License:

- Application fee of \$150.00
- \_ Completed application.
- \_Proof of passage of a Board approved exam:
  - National Association of Long Term Care Administrator Board (NAB) (Core-only and RCAL line of service exam)

OR

- 2. The Headmasters exam
  - The exam requirement may be waived if the applicant submits evidence satisfactory to the Board that he has at least one (1) year of leadership or management experience working in a residential care facility or a nursing home facility within the five (5) years preceding the application.

#### 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 <u>Idaho Code §§</u> 67-9401-9407. Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see <u>Idaho Code § 67-2602A</u>.

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.

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.

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## RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSE APPLICATION FOR NURSING HOME ADMINISTRATORS

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

<b>1. Full Name</b> (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. 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.)		
5 Business Phone ( )	Cell Phone ()			
<b>5. Business Phone</b> () (The above phone number is a public record.)	(The above phone number is no	ot a public record.)		
6 List your volid Idoha Nuusing Hama Admini	atuatan Liganga numban			
6. List your valid Idaho Nursing Home Admini	strator License number:			
7. Please mark the method of application you a				
Proof of passage National Association of L	ong Term Care Administrator	Board (NAB) (Core-only	and RCAL line	of service
exam) OR				
Proof of passage of Headmasters Exam a B	Board approved exam			
OR	. 1 7 1	S - ( 1 ( ( 1 ) ( 1 ( 1	11	
☐ I request exam requirement be waived if an experience working in a residential care fac				
(An example of proof would be an employe		within the five (e) jeans pr	ereamy are app	
8. Are you or your spouse an active member or	hananahlu disahansad watan	on of the United States A	umad Cauriaaa	,
(To utilize experience or education gained in the military to				
				, ,
9. Have you ever been licensed or certified as a	residential care facility adm	inistrator in any other st	ate or country? Ye	
(If Yes, please list the state(s)	Certified documentat	ion must be received by the Boar	d directly from each	issuing
authority. Additionally, you must submit documentation to licensure or certification.)	o the Board that verifies the state(s) re	equirements in order to have met i	ts qualifications to o	obtain
10. Have you ever had a license or certification t sanctioned in another state or jurisdiction?	to practice a health care prof	fession revoked, suspende	ed or otherwise ( ) Ye	s ()No
(If Yes, a copy of the complaint and the final order must b	e received by the Board before your a	application will be processed.)	( ) 10	5 ()110
11. Have you ever been convicted, found guilty,				
for any State or Federal felony or any crime (If yes, the Criminal Conviction Disclosure Form, official				s () No
be received with this application.)	, and produced that p	and any of	. , ,	

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### RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSE APPLICATION FOR NURSING HOME ADMINISTRATORS

(continued)

#### **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		
, County of sworn before me this	, 20		
(seal)	Notary Public Official Signature My Commission Expires		

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