

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@dopl.idaho.gov

**APPLICATION FOR EXAM INSTRUCTIONS FOR
RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSURE**

If your application is approved, you will be authorized to take the exam, the license will be issued upon the Board receiving proof of successful passage of the exam. 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. 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.**

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>.

Checklist for Qualifications for Exam and Original Licensure:

- ☐ License application 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.
- ☐ Criminal background report (must have been completed within the last 12 months)
- ☐ Proof of education/experience
- ☐ Proof of completion of a residential care facility administrator course
- ☐ Supervised experience log forms and experience addendum(s)
- ☐ Proof of passage of a Board approved exam:

1. National Association of Long Term Care Administrator Board (NAB) (Core-only and RCAL line of service exam)
OR
2. The Headmasters exam

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.

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APPLICATION FOR EXAMINATION FOR RESIDENTIAL CARE FACILITY

ADMINISTRATOR LICENSURE - \$150

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:

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 ____/____/____
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. Have you completed the Certification Program for Residential Care Facility Administrators course, administered by the Idaho Health Care Association (IHCA)/Idaho Center for Assisted Living (ICAL) or as otherwise approved by the Board?
(If Yes, a copy of the certificate of completion must be provided.) () Yes () No

9. Please mark the following combination of qualifications and experience under which you are applying:
(Before the Board will review this application, it must receive the following: 1. official certification of graduation directly from the issuing authority, 2. the confirmation of Supervised Experience Form (Addendum A), and 3. the Intern Final Report and Log Form (Addendum B). Addendum A and Addendum B are found on pages 4-12 of this application.)

- ☐ 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.

OR

☐ A candidate who applies for examination who does not otherwise meet the experience requirements provided above may submit evidence of other practical experience obtained in an internship training program in residential care facility administration as approved by the Board or in a medical or health care facility as approved by the Board.

NOTE: If you are requesting that the Board consider experience other than an internship to meet the supervised experience requirement, details of such experience should be submitted on Addendum A and page one of Addendum B and include signed verification by the applicant and a supervisor with actual knowledge of the experience. Details should describe the experience and explain why it meets licensure requirements including the location, dates, and numbers of hours of experience.

10. Have you ever been licensed or certified as a residential care facility administrator in any other state, or country?
(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.) () Yes () No

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

APPLICATION FOR EXAMINATION FOR RESIDENTIAL CARE FACILITY
ADMINISTRATOR LICENSURE

(continued)

- 12. 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.)

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 EXAMINATION FOR RESIDENTIAL CARE FACILITY
ADMINISTRATOR LICENSURE
ADDENDUM A**

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 that your supervisor is a currently licensed Idaho residential care facility administrator and does not have discipline that would preclude them from providing supervision in Idaho.

SECTION 1 - To be completed by the applicant & reviewed and signed by the named and currently licensed Idaho 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 fill out and submit the Intern Final Report Log (Addendum B) of this application.

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: _____

(Please enclose additional pages if needed.)

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 _____

APPLICATION FOR EXAMINATION FOR RESIDENTIAL CARE FACILITY
ADMINISTRATOR LICENSURE
ADDENDUM B

INTERN FINAL REPORT AND LOG FORM

INTERN NAME

NOTE: The Board recommends that the internship should cover all five domains. See Domain Descriptions in Addendum C.

	DOMAIN	Bachelor Level	Associate Level	High School Level
	CLIENT/RESIDENT SERVICES	100	200	400
	HUMAN RESOURCES MANAGEMENT	20	40	90
	LEADERSHIP AND GOVERNANCE	40	75	120
	PHYSICAL ENVIRONMENT MANAGEMENT	20	40	95
	FINANCIAL MANAGEMENT	20	45	95
		Total: 200	Total: 400	Total: 800

Note: If your experience does not match the minimum suggested for the domains, please attach a narrative explaining the experience in as much detail as possible.

***Incomplete Logs will be returned for further clarification resulting in a delay of approval.**

FINAL TIME LOG FORM

The following forms are to be used to demonstrate to the Idaho Board of Residential Care Facility Administrators that the individual spent # _____ hours as an intern under the following currently licensed Idaho licensed Residential Care Facility Administrator's supervision. Attach additional sheets if needed. The Board recommends weekly meetings and reports with the supervisor as a good way to track the information for the final report.

Total Hours for all domains on all of the following pages: _____

Supervisor Signature _____ Date: _____

Applicant Signature: _____ Date: _____

See examples on the following pages:

[illegible]

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HUMAN RESOURCES MANAGEMENT

[illegible]

Total Hours of Human Resource Management: _____

LEADERSHIP AND GOVERNANCE

[illegible]

Total Hours of Leadership and Governance: _____

PHYSICAL ENVIRONMENT MANAGEMENT

[illegible]

Total Hours of Physical Environment and Management: _____

FINANCIAL MANAGEMENT

[illegible]

Total Hours of Financial Management: _____

APPLICATION FOR EXAMINATION FOR RESIDENTIAL CARE FACILITY
ADMINISTRATOR LICENSURE
ADDENDUM C

RESIDENTIAL CARE/ASSISTED LIVING DOMAINS OF PRACTICE

NOTE: These definitions are from the NAB website

10 CLIENT/RESIDENT SERVICES MANAGEMENT

- 10.01 Ensure client/resident service policies and procedures comply with applicable federal, state, and local laws, rules, and regulations.
- 10.02 Ensure client/resident right to make autonomous healthcare decisions
- 10.03 Plan, implement, and evaluate policies and procedures for the protection of client/resident rights and confidentiality.
- 10.04 Coordinate the development and implementation of service plans based on client/resident preferences and assessed needs (e.g., nutritional, medication, psychosocial, medical, physical, socio-economic).
- 10.05 Evaluate and update service plans periodically with client/resident and/or responsible party.
- 10.06 Ensure that medication policies and procedures are compliant with regulations and consistent with client/resident needs and preferences.
- 10.07 Provide transportation assistance for clients/residents.
- 10.08 Provide and coordinate social-recreational services that are consistent with client/resident preferences and abilities.
- 10.09 Plan, implement, and evaluate move-in/move-out criteria.
- 10.10 Manage the establishment and maintenance of client/resident records and documentation systems (e.g., service notes, assessed needs).
- 10.11 Plan, implement, and evaluate systems for oversight of services contracted by clients/residents (e.g., hospice, therapy, home health).
- 10.12 Plan, implement, and evaluate policies and procedures for responses to client/resident specific incidents, accidents, and/or emergencies.
- 10.13 Plan, implement, and evaluate dining services designed to meet client/resident needs and preferences (e.g. presentation, quality of food, service, training, special diets).
- 10.14 Plan, implement, and evaluate housekeeping services.
- 10.15 Plan, implement, and evaluate laundry and linen services.
- 10.16 Plan, implement, and evaluate principles of hospitality within the assisted living community.

20 HUMAN RESOURCES MANAGEMENT

- 20.01 Ensure human resources policies and practices comply with applicable federal, state, and local laws, rules and regulations.
- 20.02 Ensure that staff embraces assisted living philosophies (e.g., promoting compassion, privacy, choice, independence, dignity, individuality).
- 20.03 Plan, implement, and evaluate recruitment programs (e.g., applications, interviews, reference/criminal background checks).
- 20.04 Ensure that the assisted living community has appropriate staffing consistent with client/resident needs and acuity.
- 20.05 Plan, implement, and evaluate retention and development programs (e.g., pay, benefits, incentives, work schedules, staff recognition, regular performance appraisals, mentoring, team building).
- 20.06 Establish and maintain a safe and positive work environment (e.g., safety training, employee risk management, conflict resolution, diversity training).
- 20.07 Plan, implement, and evaluate staff training programs (e.g., orientation, training, skills enhancement, education) consistent with client/resident needs and preferences
- 20.08 Manage the establishment and maintenance of employee records and documentation systems.
- 20.09 Plan, implement, and evaluate employee disciplinary policies and procedures.

30 LEADERSHIP AND GOVERNANCE

- 30.01 Ensure compliance with applicable federal, state, and local laws, rules, and regulations.
- 30.02 Ensure that client/resident privacy, choice, independence, dignity, and individuality are supported within the assisted living community.
- 30.03 Develop and communicate the mission, vision, and values of the assisted living community to clients/residents, families, staff, and the public.
- 30.04 Ensure ethical practice throughout the assisted living community.
- 30.05 Involve clients/residents, family, and staff in assisted living community decision-making
- 30.06 Develop, implement and evaluate assisted living community's strategic plan in partnership with ownership or governing bodies.
- 30.07 Plan, implement, and evaluate a public relations program.
- 30.08 Plan, implement, and evaluate marketing initiatives to meet organizational goals and objectives.
- 30.09 Develop and maintain positive relations with key stakeholders (e.g., clients/residents, families, staff, regulators, legislators, community organizations, media, referral sources)
- 30.10 Plan, implement, and evaluate programs and procedures to ensure and document informed choice in matters of client/resident risk.
- 30.11 Ensure written agreements between the client/resident and the assisted living community protect the rights and responsibilities of both parties (e.g., moving-out, financial obligations, full disclosure).
- 30.12 Negotiate contracts and agreements with suppliers, vendors, and professionals to legally formalize the delivery of goods and services (e.g., rehabilitation, pharmacy, maintenance, dining).
- 30.13 Plan, implement, and evaluate a quality improvement program.

40 PHYSICAL ENVIRONMENT MANAGEMENT

- 40.01 Ensure that physical environment policies and practices comply with applicable federal, state, and local laws, rules, and regulations (e.g., Occupation Safety and Health Administration [OSHA], Life Safety Code, Americans with Disabilities Act [ADA]).
- 40.02 Establish and maintain a physical environment that meets client/resident needs and preferences consistent with assisted living philosophies (including acuity and mobility/accessibility). 40.03 Develop, implement, and evaluate assisted living community fire, emergency, disaster, and client/resident safety/security plans.
- 40.04 Develop, implement and evaluate preventive and daily maintenance plans for all buildings, grounds, equipment and infrastructure.
- 40.05 Develop, implement and periodically evaluate a capital replacement plan regarding all buildings, grounds, furnishings, and equipment.

50 FINANCIAL MANAGEMENT

- 50.01 Ensure financial management policies and practices comply with applicable federal, state, local laws, rules, and regulations (e.g., IRS, Medicaid, Medicare, Health Insurance Portability and Accountability Act [HIPAA]).
- 50.02 Ensure financial policies and procedures comply with Generally Accepted Accounting Principles (GAAP) (e.g., accounts receivable and payable, payroll, client/resident funds)
- 50.03 Develop, implement, and evaluate the assisted living community's budget (e.g., revenues, expense, capital expenditures).
- 50.04 Develop long-term projections of revenue mix (e.g., private pay, insurance, SSI, Medicaid waivers) and expense in order to ensure continued financial viability of the assisted living community. 50.05 Monitor and comply with the assisted living community's financing obligations (e.g., debt service, mortgage covenants).
- 50.06 Maintain appropriate insurance coverage to protect the assisted living community.
- 50.07 Develop and implement a system to periodically monitor and adjust financial performance