





**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:









PHYSICAL ENVIRONMENT MANAGEMENT

Date	Training/ Observing/Class/Test /Other	Hours	Description or Narrative of Activity
Example: 3/15/18	Training	3	Review fire drills with staff

Total Hours of Physical Environment and Management: \_\_\_\_\_

FINANCIAL MANAGEMENT

Date	Training/ Observing/Class/Test /Other	Hours	Description or Narrative of Activity
Example: 3/25/18	Training	3	Analyzed budget projections and assisted with budget preparation for next quarter
Example: 3/5/18	Training	3	Assisted with Medicaid billing

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