

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 _____

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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

***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]

07/2024

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: _____