



HEALTH LICENSING OFFICE
Long Term Care Administrators Board

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**CURRENTLY PRACTICING - RESIDENTIAL CARE FACILITY
 ADMINISTRATOR - LICENSE APPLICATION**

This application, along with the application fee, must be postmarked by the U.S. Postal Service no later than July 1, 2019, or received by the Health Licensing Office no later than July 1, 2019. Applications postmarked or received after that date will no longer be eligible to qualify through these pathways and the applicant must then apply through the pathway described in Oregon Administrative Rule 853-035-0000.

1. Applicant Information

APPLICANT NAME: LAST FIRST MIDDLE INITIAL

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY STATE ZIP

PHONE: HOME CELL BUSINESS PHONE EMAIL

GENDER BIRTHDATE SOCIAL SECURITY NUMBER (REQUIRED)
 Female Male

Have you ever been known under any other name?
 No Yes – If yes, list full name(s):

Do you hold, or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? No Yes - If yes, please list information below.

State: Lic./Cert./Reg.# Expiration:

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(Do not write in this section – Official use only)
 License #: _____ Initials _____ OTC Verified ID Type: _____
 Approval Code/CK# _____

Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____
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2. Individual Records Questions: Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. **Yes** **No** If yes, please explain (**attach additional pages if necessary**):

<p>● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions, including the charges as stated in the court documents and year convicted (attach additional pages if necessary).</p>	<p>Year Convicted</p>

● As of today, are you on probation or parole? **Yes** **No** If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

<p>Applicant Signature:</p>	<p>Date:</p>
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ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the National Practitioner Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the National Practitioner Data Bank (NPDB). Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

<p>Applicant Signature:</p>	<p>Date:</p>
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3. * (Complete This Section Only If Submitting Payment By Mail) *****

- Payment of Required Fees for **Pathway One**: Application Fee = \$100; License Fee = \$130; **Total of \$230**
- Payment of Required Fees for **Pathway Two or Three**: Application Fee = \$50; Exam Fee = \$125; License Fee = \$50; **Total of \$225**

Please check one: Cash Check Money order Purchase order Credit card (see below)

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

4. Race / Ethnicity – Voluntary Question

The State of Oregon has an Affirmative Action policy. If you choose to provide your race/ethnicity information below, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing eligibility or qualifications.

Ethnic Background (check only one)

- American Indian or Alaska Native (I)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.
- Asian (A)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American (B)** (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino (H)**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- Native Hawaiian or other Pacific Islander (P)** (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (W)** (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or more races (T)** (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.

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If you are waiting for additional supporting documentation required to process your application (i.e. identification, high school diploma), do not allow it to delay the submission of your application postmarked or received by July 1, 2019. The required supporting documentation can be submitted at a later date separate from the application.

APPLICATION REQUIREMENTS FOR CURRENTLY PRACTICING RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSE

This application, along with the application fee, must be postmarked by the U.S. Postal Service no later than July 1, 2019, or received by the Health Licensing Office no later than July 1, 2019. Applications postmarked or received after that date will no longer be eligible to qualify through these pathways and the applicant must then apply through the pathway described in Oregon Administrative Rule 853-035-0000.

If you are waiting for additional supporting documentation required to process your application (i.e. identification, high school diploma), do not allow it to delay the submission of your application postmarked or received by July 1, 2019. The required supporting documentation can be submitted at a later date separate from the application.

All Applicants Must:

- Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30.
 - Submit this completed application accompanied by payment of application fee, postmarked or received no later than July 1, 2019.
 - Submit **two** forms of original identification issued by a government agency, **both of which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. **At least one form of identification provided to the HLO must be photographic**. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.
 - Submit proof of being at least 21 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above).
 - Submit proof of having a high school diploma or equivalent. If you attended a school outside the U.S., you must have your education evaluated for equivalency. Please contact the Health Licensing Office for assistance or clarification of the process. **If the name on your high school diploma (or equivalent) does not match your current legal name, you must provide documentation to show how it has changed (i.e. marriage, legal name change(s), etc.). Reminder: submit your application first and documents can be submitted later.**
 - Pass a Health Licensing Office fitness-for-employment criminal records check. If you previously passed Department of Human Services (DHS) background check, it will be sufficient for this requirement.
 - Provide documentation of completing a qualifying pathway (**see qualification pathways below**).
- PATHWAY ONE: PERMANENT LICENSE**
- Applicant must attest to:**
- Having been employed in a professional or managerial capacity in a field related to health or social service for at least two of the last five years; **or** having earned at least a bachelor's degree in a field related to health or social service; **or** having a combination of experience and education deemed sufficient by the Health Licensing Office.
 - Having completed at least 40 hours of training approved by the Oregon Department of Human Services (DHS) pursuant to Oregon Administrative Rule 411-054-0065.
 - Having met any continuing education requirements established by DHS for the lesser of the three years immediately preceding the date of application, or duration of employment or qualification in Oregon as a residential care facility administrator.
 - Having not been responsible for a facility that was subject to conditions imposed by DHS while they were in charge for the lesser of the four years immediately preceding the date of application or the duration of employment or qualification in Oregon as a residential care facility administrator.
- Applicant must also:**
- Pay application and original license fees. Application fee = \$100; License fee = \$130; **total of \$230**. If it is later determined that you do not qualify under pathway one but rather under pathway two or three, your payment will be applied to those fees and any overpayment refunded to you.

PATHWAY TWO: PROVISIONAL LICENSE FOR ADMINISTRATORS EMPLOYED IN OREGON AS A RESIDENTIAL CARE FACILITY ADMINISTRATOR

A provisional residential care facility administrator license issued under this section is not renewable and expires on December 31, 2021, or the date upon which the holder is issued a permanent license after passing the required examination and paying required fees, whichever comes first.

Applicant must attest to:

- Having been employed in a professional or managerial capacity in a field related to health or social service for at least two of the last five years; **or** having earned at least a bachelor's degree in a field related to health or social service; **or** having a combination of experience and education deemed sufficient by the Health Licensing Office.
- Having completed at least 40 hours of training approved by the Oregon Department of Human Services (DHS) pursuant to Oregon Administrative Rule 411-054-0065.

Applicant must also:

- Pass the Oregon laws and rules examination before December 31, 2021. The authorization expires on this date and cannot be renewed.
- Pay application and provisional license fees. Application fee = \$50; Exam fee = \$125; License fee = \$50; **total of \$225**. Application and provisional licensing fees will be applied towards the application and permanent licensing fees.

(OR)

PATHWAY THREE: PROVISIONAL LICENSE FOR EMPLOYED OUT-OF-STATE RESIDENTIAL CARE FACILITY ADMINISTRATORS

A provisional residential care facility administrator license issued under this section is not renewable and expires on December 31, 2021, or the date upon which the holder is issued a permanent license after passing the required examination and paying required fees, whichever comes first.

Applicant must attest to:

- Having been employed in a professional or managerial capacity in a field related to health or social service for at least two of the last five years; **or** having earned at least a bachelor's degree in a field related to health or social service; **or** having a combination of experience and education deemed sufficient by the Health Licensing Office.
- Having completed at least 40 hours of training approved by the Oregon Department of Human Services (DHS) pursuant to Oregon Administrative Rule 411-054-0065.
- Having met any continuing education requirements established by DHS for the lesser of the three years immediately preceding the date of application or three years immediately preceding the date of application or the duration of employment or qualification in Oregon as a residential care facility administrator.

Applicant must also:

- Pass the Oregon laws and rules examination before December 31, 2021. The authorization expires on this date and cannot be renewed.
- Pay application and provisional license fees. Application fee = \$50; Exam fee = \$125; License fee = \$50; **total of \$225**. Application and provisional licensing fees will be applied towards the application and permanent licensing fees.

NOTE: The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.

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If you are waiting for additional supporting documentation required to process your application (i.e. identification, high school diploma), do not allow it to delay the submission of your application postmarked or received by July 1, 2019. The required supporting documentation can be submitted at a later date separate from the application.

**CURRENTLY PRACTICING –
RESIDENTIAL CARE FACILITY ADMINISTRATOR
ATTESTATION DECLARATION**

To be completed by the applicant and submitted with their application for licensure. Select pathway through which you are applying:

Pathway One

Pathway Two

Pathway Three

Applicant – Read and Sign

By signing below, I attest to (select pathway level below):

Pathway One – Permanent license:

Applicant attests to:

- Having been employed in a professional or managerial capacity in a field related to health or social service for at least two of the last five years; **or** having earned at least a bachelor's degree in a field related to health or social service; **or** having a combination of experience and education deemed sufficient by the Health Licensing Office.
- Having completed at least 40 hours of training approved by the Oregon Department of Human Services (DHS) pursuant to Oregon Administrative Rule 411-054-0065.
- Having met any continuing education requirements established by DHS for the lesser of the three years immediately preceding the date of application, or duration of employment or qualification in Oregon as a residential care facility administrator.
- Having not been responsible for a facility that was subject to conditions imposed by DHS while they were in charge for the lesser of the four years immediately preceding the date of application or the duration of employment or qualification in Oregon as a residential care facility administrator.

Pathway Two – Provisional license for administrators employed in Oregon as a Residential Care Facility Administrator:

Applicant attests to:

- Having been employed in a professional or managerial capacity in a field related to health or social service for at least two of the last five years; **or** having earned at least a bachelor's degree in a field related to health or social service; **or** having a combination of experience and education deemed sufficient by the Health Licensing Office.
- Having completed at least 40 hours of training approved by the Oregon Department of Human Services (DHS) pursuant to Oregon Administrative Rule 411-054-0065.

Pathway Three – Provisional license for employed out-of-state Residential Care Facility Administrators:

Applicant attests to:

- Having been employed in a professional or managerial capacity in a field related to health or social service for at least two of the last five years; **or** having earned at least a bachelor's degree in a field related to health or social service; **or** having a combination of experience and education deemed sufficient by the Health Licensing Office.
- Having completed at least 40 hours of training approved by the Oregon Department of Human Services (DHS) pursuant to Oregon Administrative Rule 411-054-0065.
- Having met any continuing education requirements established by DHS for the lesser of the three years immediately preceding the date of application or three years immediately preceding the date of application or the duration of employment or qualification in Oregon as a residential care facility administrator.

By signing below, I attest and affirm that as a current Residential Care Facility Administrator I have met the stated requirements under the selected pathway chosen above.

Applicant Signature:

Date: