

IDAHO BOARD OF EXAMINERS OF RESIDENTIAL CARE FACILITY ADMINISTRATORS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: (208) 334-3233, Fax (208) 334-3945
Website: www.ibol.idaho.gov E-mail: RCA@ibol.idaho.gov

**APPLICATION FOR
RESIDENTIAL CARE FACILITY ADMINISTRATOR FOR EXAMINATION FOR LICENSE**

INSTRUCTIONS

NOTE: ANY PRACTICE AS A RESIDENTIAL CARE FACILITY ADMINISTRATOR IN IDAHO PRIOR TO OBTAINING A VALID LICENSE OR PERMIT IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (§54-4203. & §54-4212., I.C.)

The following application consists of this instruction page and three pages that require responses. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. The Board will consider only properly completed applications. **Each applicant MUST provide a criminal background report.** This report may be obtained by applying online to the Idaho Department of Health & Welfare, Criminal History Unit or <https://chu.dhw.idaho.gov>.

Applicants for a Provisional Permit must also provide documentation from the facility confirming that both the vacancy exists and the nature of the emergency.

Please read all questions carefully. Several questions require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. 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. All requested information, application fee, and other relevant fees must be provided. Failure to provide a complete application will result in a delay in processing and may result in the denial of the application. All returned checks are subject to a \$20.00 fee.

LICENSE APPLICATION FEE = \$150.00 PROVISIONAL PERMIT FEE = \$150.00

**APPLICATION FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR FOR
EXAMINATION FOR LICENSE**

(continued)

11. Do you wish to be considered for a Provisional Permit?

() Yes () No

(If Yes, enclose the additional required fee of \$150.00 and supporting documentation of the vacancy & the nature of the emergency.
The fee will be refunded if no permit is issued.)

12. CHARACTER REFERENCES: Please provide two character references using the form at the end of the application. References may not be members of the applicant's immediate family (parents, stepparents, grandparents, step-grandparents, or siblings).

13. PHOTOGRAPH: Please attach an original passport style photograph of yourself below.

HEIGHT _____

WEIGHT _____

ATTACH PHOTOGRAPH HERE

EYE COLOR _____

HAIR COLOR _____

AFFIDAVIT

I hereby certify under oath that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Residential Care Facility Administrators and with Chapters 33 and 35, Title 39, Idaho Code and the rules of the Idaho Department of Health and Welfare for licensed residential and assisted living facilities in Idaho. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational 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 for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

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 _____

**APPLICATION FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR FOR
EXAMINATION FOR LICENSE
APPLICATION ADDENDUM A
REFERENCE FORM**

TO BE COMPLETED BY THE APPLICANT: Please provide this form to **two character references**. References may not be members of the applicant's immediate family (parents, stepparents, grandparents, step-grandparents, or siblings). The completed forms must be received by the board before your application file will be considered complete.

Applicant's Name: _____
Address: _____

TO BE COMPLETED BY RECOMMENDING PERSON. Please complete and return form directly to: Bureau of Occupational Licenses, 700 West State Street, P.O. Box 83720, Boise, Idaho 83720-0063.

TO: Idaho Board of Examiners of Residential Care Administrators:

I have known _____ for _____ years,
from _____ to _____. To the best of my knowledge he/she
is of good moral and professional character and ethics.

I know the candidate because I am currently or have been a: (check all appropriate boxes)

Colleague Teacher Supervisor Personal acquaintance Other _____

I have reservations about fully recommending this candidate for licensure as a residential care administrator?
 Yes No

If yes, please explain: _____

Additional Comments:

Signature _____

Printed Name _____

Date _____

Address _____

Profession _____

**APPLICATION FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR FOR
EXAMINATION FOR LICENSE
APPLICATION ADDENDUM B
(continued)**

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 as required in I.C. 54-4206 Qualifications For Examination For License. If there is more than one supervisor, please fill out and submit a form for each one.

SECTION 1 - To be completed by the applicant & reviewed and signed by the named 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 that starts on page 6 of this application.

Printed Name of Applicant

Applicant Signature

SECTION 2 - To be completed by the supervisor: *(do not complete without reviewing the above information)*

SUPERVISOR NAME: _____ LICENSE NUMBER RCA- _____

COMMENTS: _____

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided by both the applicant and myself on this form 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

Supervisor Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

**APPLICATION FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR FOR
EXAMINATION FOR LICENSE
APPLICATION ADDENDUM C
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 below.

| 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.

FINAL TIME LOG FORM

The following forms are to be used to demonstrate to the Idaho Board of Residential Care Administrators that the individual spent # _____ hours as an intern under 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:

**APPLICATION FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR FOR
EXAMINATION FOR LICENSE
APPLICATION ADDENDUM D**

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