

State of Alaska
Department of Health and Social Services
Division of Health Care Services
Certification & Licensing



Administrator/Resident Manager/Designee Qualification Questionnaire

1. Name of Individual: _____

2. This person is proposed to be: Administrator Resident Manager Designee

3. Name of Assisted Living Home & Phone Number

4. Date of Birth (MM/DD/YYYY): _____

5. Driver's License Number, if any: _____

6. Physical Address:

Street: _____

City State Zip

7. Mailing Address:

Street: _____

City State Zip

Character References: Please submit three individuals who are not related by blood or marriage to the person applying to be an Administrator:

Name: _____

Mailing Address: _____

City State Zip

Phone Number: _____

Name: _____

Mailing Address: _____

City State Zip

Phone Number: _____

Name: _____

Mailing Address: _____

City State Zip

Phone Number: _____

Employment References: Please submit two employment references. The employment references may also serve as part of the three required character references above and may not be related by blood or marriage to the person applying to be an Administrator:

Name: _____

Mailing Address: _____

City State Zip

Phone Number: _____

Name: _____

Mailing Address: _____

City State Zip

Phone Number: _____

Applicants must submit detailed documentation evidencing that they meet at least one of the following criteria:

For Homes serving 1 – 10 Residents:

- a. Documentation of a baccalaureate or higher degree in gerontology, health administration, or another health-related field, demonstrating to the Department's satisfaction that such degree work is an equivalent to the required experience; **OR**
- b. Documentation of completion of an approved management or administrator training course and at least one year of documented experience relevant to the population of residents to be served as a care provider, if the administrator will be providing direct care in the home, **OR**
- c. Documented completion of a certified nurse aide training program approved by the Board of Nursing under 12 AAC 44.830, or that is equivalent in content to the requirements of 12 AAC 44.835(c), and have at least one year of documented experience relevant to the population of residents to be served, as a care provider, **OR**
- d. At least two years of documented experience, relevant to the population of residents to be served, as a care provider, with documented skills or training relevant to the population of residents to be served, **OR**
- e. Sufficient documented experience in an out-of-home care facility, and sufficient training, education, or other similar experiences to fulfill the duties of an administrator of the type and size of home where the individual is to be employed and to meet the needs of the population of residents to be served.

For Homes serving 11 or more Residents, or if the Administrator is administrator for more than one home where the total capacity of the homes is 11 or more residents:

- a. The individual must complete an approved management or administrator training course and have at least two years of documented experience, relevant to the population of residents to be served, as a care provider, if the administrator will be providing direct care in the home; **OR**
- b. The individual must complete a certified nurse aide training program that the Board of Nursing has approved under 12 AAC 44.830, or that is equivalent in content to the requirements of 12 AAC 44.835(c) and have at least two years of documented experience, relevant to the population of residents to be served as a care provider; **OR**
- c. The individual must have at least five years of documented experience, relevant to the population of residents to be served, as an administrator or staff supervisor of a home serving 10 or fewer residents; **OR**
- d. The individual must submit proof that the individual is a licensed or practical nurse or a registered nurse with documented experience relevant to the population of residents to be served.

Please attach the following relating to the Administrator:

- Copy of government issued ID, such as a driver's license or state ID card, showing date of birth for the Administrator
- Evidence the Administrator is free from active pulmonary tuberculosis (TB), such as a negative TB test or doctor's statement of inactive TB
- If applicable, copies of degrees or transcripts that document a bachelor degree or higher in gerontology, health administration or other health related field.
- If applicable, copy of professional license, nurse aide training certificate or nursing license
- Documentation of Administrator's education and experience. This should be detailed information providing proof of education and experience to include previous employment, specific dates of employment, description of job duties, number of hours worked weekly (full or part time), and employer contact names and phone numbers.

I attest that I am a citizen or national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized by the Immigration and Naturalization Service to work in the United States. By my signature below, I certify the information contained in this application and applicable attachments is true, accurate, and complete.

Signature of Applicant

Date