

State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing



Administrator/ Designee/ Resident Manager Designation Questionnaire

1. Name of the Assisted Living Home to which the Individual will be associated:

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

3. Name of the Individual: _____

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

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

6. Physical Address: Street: _____

City: _____ State: _____ Zip Code: _____

7. Mailing Address: Street: _____

City: _____ State: _____ Zip Code: _____

8. Email Address: _____

9. Primary Phone Number for Applicant: _____

10. Alternative Phone Number for Applicant (If applicable): _____

11. Applicant must submit detailed documentation evidencing they meet at least one of the following criteria, please include documentation highlighting experience and any other relevant documentation (*select all that apply*):

For Individuals serving in a Home of 1-10 Residents:

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**

Documentation of completion of an The Alaska Core Competencies or an approved management or administrator training course by the Department 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**

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**

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**

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 Individuals serving in a Home of 11 or more Residents:

- 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**
- 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**
- 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**
- 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.

12. Please Attach the Following Documentation:

- Copy of government issued ID.
- Evidence the Applicant is free of active pulmonary tuberculosis (TB).
- Current CPR and first aid.
- Three (3) Character References, unrelated to the applicant (ensure the individuals name, address, and phone number is listed, Applicant can use the attached reference form or submit alternative documentation).
- Two (2) Employer References, (ensure the individuals name, address, and phone number is listed, Applicant can use the attached reference form or submit alternative documentation).

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

Printed Name of Applicant

For Residential Licensing Only:

Approved by: _____

Approved Date: _____