

APPLICATION FOR ADMINISTRATION CERTIFICATION

ADMINISTRATOR CERTIFICATION PROGRAM

Instructions: See page 2 for complete instructions.

For Office Use Only:	
PRINTS TO DOJ:	_____
DOJ CLEARED:	_____
FBI CLEARED:	_____
CACI:	_____
FACILITY #:	_____
D.O. #:	_____
LIS #:	_____

1. Type of Application: (Check one box only. If renewing, provide certificate number and expiration date.)

New

Renewal Certificate #: _____ Expires: _____

2. Type of Program: (Check one box only; if applying for more than one certificate, submit a separate application for each.)

ARF (Adult Residential Facility) RCFE (Residential Care Facility for the Elderly)

STRTP (Short-Term Residential Therapeutic Program) GH (Group Home)

3. Applicant Information: (Please print.) Check here if any information has changed since last submittal

Name (First, MI, Last): _____

Address (Street Address, City, State, Zip): _____

Telephone Number: _____ Cell: _____ E-mail: _____

Date of Birth: (MM/DD/YY) _____

- a. Do you currently hold or have you previously held a license, certification or other approval as a professional in a specified field (e.g., RN, NHA)? If yes, please list the type(s) of license(s) or certificate(s) and their number(s). *(Include any Administrator Certificates.)* YES NO
- b. Do you currently hold or have you previously held a State-issued care facility license? If yes, please list the type of license(s) and license number(s). *(Include any community care facility licenses.)* YES NO
- c. Are you currently employed or were you previously employed by a State-licensed care facility? If yes, please list the facility name(s) and license number(s). *(Place an * by those where currently employed.)* YES NO
- d. Have you been the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in (a), (b), and (c) above? If yes, please explain and provide the date(s). *(Include any Administrative Actions. Attach additional pages if more space is needed.)* YES NO

4. For INITIAL APPLICANTS ONLY, indicate when you would like your **certificate to expire.** *(Select one box only. If you do not select one, two years from issuance will be used.)*

Two years from date of certificate issuance.

Your birth date of the second calendar year from certificate issuance. (This irrevocable selection means your initial certificate term may be for more or less than two full years.)

5. Applicant Certification: I declare that the foregoing information is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Instructions:

FOR ALL APPLICANTS: Use the applicable following checklist to ensure your application is complete (including all supporting forms and fees) and submit it to: **CDSS, Administrator Certification Section (ACS), 744 "P" Street, MS 9-15-807, Sacramento, CA 95814.**

Keep a complete copy of your application for your records.

FOR INITIAL APPLICANTS:

To receive your Administrator Certificate, you must complete the following within 30 days of being notified of passing the examination or completing a 12 Hour RCFE-NHA Initial Training Program:

- Submit a completed **Application for Administrator Certification**, form LIC 9214 (4/23).
- Submit a **check or money order** payable to the Department of Social Services for the amount due based on the fee schedule below. Please include your full name and date of birth on your check or money order. Administrator certification application fees will incrementally increase by ten (10%) percent each year, over a four (4) year period. Administrator Certification Application Fee Schedule is as follows:

Year 1, effective July 1, 2021, Initial Application: \$110

Year 2, effective July 1, 2022, Initial Application: \$120

Year 3, effective July 1, 2023, Initial Application: \$130

Year 4, effective July 1, 2024, Initial Application: \$140

(Note: Please include your administrator certificate number on your check or money order. Paperclip your payment to your documents; do not staple or glue.)

Submit a copy of your **Certificate of Completion** of the Initial Certification Training Program (ICTP) provided by an ICTP vendor, or proof of applicable coursework if RCFE-NHA or GH/STRTP applicant.

If applicable, for RCFE applicants only, submit a copy of your current Nursing Home Administrator license.

Complete a Request for Live Scan Service, form [LIC 9163](#) (3/23). If you have been fingerprinted in the state of California for the Department of Social Services, please provide your Licensing Information System (LIS) Personnel Identification number here.

LIS Pers ID _____

(Note: You do not need to wait for your LiveScan results before submitting your application.)

FOR RENEWAL APPLICANTS:

To maintain compliance with the provisions of the Administrator Certification Program, Administrators are required to maintain their criminal record clearance (or exemption) and submit a complete application within 90 days of the certificate expiration date. (Note that certificates cannot be renewed if they have been expired for more than four (4) years.)

Application documents postmarked after the certificate expiration date will be subject to a delinquency fee of \$300 in addition to the application fee. Incomplete application documents submitted within 90 days of the certificate expiration date may incur a delinquency fee of \$300 in addition to the application fee.

A complete application includes the following documents:

A completed Application for Administrator Certification, form LIC 9214 (3/23)

A check or money order payable to the Department of Social Services for the amount due based on the fee schedule. If submitting after the certificate expiration, the amount due based on the fee schedule plus the \$300 delinquency fee.

Administrator certification application fees will incrementally increase by ten (10%) percent each year, over a four (4) year period. Administrator Certification Application Fee Schedule is as follows:

Year 1, effective July 1, 2021, Renewal Application: \$110

Year 2, effective July 1, 2022, Renewal Application: \$120

Year 3, effective July 1, 2023, Renewal Application: \$130

Year 4, effective July 1, 2024, Renewal Application: \$140

(Note: Please include your administrator certificate number on your check or money order. Paper clip your payment to your documents; do not staple or glue.)

- Proof of completion copies of certificates of completion from course vendors of forty (40) hours of continuing education (OR twenty (20) hours for RCFE-NHA certificate holders) approved by the department and provided by approved vendors per program regulations. The total units must include:
 - At least four (4) hours of instruction in laws, regulations, policies and procedural standards that impact your type of care facility (e.g., ARF, GH, RCFE)
 - For RCFE (and RCFE-NHA) certificate holders, at least eight (8) hours in subjects related to serving residents with Alzheimer's Disease or other dementias
 - If applicable, for RCFE applicants only, a copy of your current **Nursing Home Administrator** license.

For further information, please visit the Administrator Certification website at, https://www.cdss.ca.gov/inforesources/cld_acs, which includes resources to assist you with:

- How to Become a Certified Administrator (<https://www.cdss.ca.gov/portals/9/ccl/acp/2021/becomecertadmin.pdf>)
- Certification Renewal Procedures (<https://www.cdss.ca.gov/inforesources/community-care/administrator-certification/administrator-information/renewal>)
- ACS application forms (<https://www.cdss.ca.gov/inforesources/community-care/administrator-certification/certification-forms>)
- List of Approved Vendors and Courses (<https://www.cdss.ca.gov/inforesources/community-care/administrator-certification/administrator-information/list-of-approved-vendors>)