



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH CARE FACILITIES  
665 MAINSTREAM DRIVE, SECOND FLOOR  
NASHVILLE, TENNESSEE 37243  
(615) 741-7221**

**HOME FOR THE AGED/ASSISTED CARE LIVING FACILITY ADMINISTRATOR  
APPLICATION INSTRUCTIONS**

1. Complete the administrator application. Be sure that it has been signed and notarized. **Attach copies of the following document(s) with the application: (1) Proof of Education (i.e., GED, High School Diploma or College Degree), (2) Proof of Birth (i.e., Photo ID, Birth Certificate), and (3) Basic Criminal Background Check.**

2. Send the application and supporting documents with a check or money order made payable to the **TENNESSEE DEPARTMENT OF HEALTH** for the appropriate certification fee indicated on the front of the application to the address listed above.

3. The application will be processed when all of the above information is received in this office. The effective date will be the date it is received. You should receive a certificate within five (5) to seven (7) business days.

4. Your initial certification will be for at least one and one-half (1½) years and no more than two and one-half (2½) years. The expiration date will be June 30. After the initial certification period your certification will expire on June 30 biennially.

5. Within your certification period you must obtain twenty-four (24) hours of continuing education. Any courses you attend **MUST** be prior approved by this office in order to receive continuing education credit. The only exception is if the course has been approved by the National Board of Nursing Home Administrators (NAB). If you receive a brochure announcing a training program that you feel would pertain to one of the areas listed below and it has not been approved by Health Care Facilities, you may fax the information to (615) 253-8798 to request approval of the training. The brochure must contain the content of the training and information about the person(s) providing the training to be sure that they are qualified to be trainers. The following is a list of the areas in which training must be received:

- (1) State rules and regulations for Homes for the Aged/ACLF
- (2) Health care management
- (3) Nutrition and food service
- (4) Financial management
- (5) Healthy lifestyles

***To inquire about approved training programs that you may attend call (615) 741-7598.***

6. Proof of attendance of training programs should be submitted to Health Care Facilities at the address indicated above, fax 615-253-8798 or email [ramona.douglas@tn.gov](mailto:ramona.douglas@tn.gov) upon completion.



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**RESIDENTIAL HOME FOR THE AGED (RHA) AND ASSISTED CARE LIVING (ACLF)  
ADMINISTRATOR APPLICATION FOR CERTIFICATION**

**APPLICANT**

Full Name: \_\_\_\_\_  
Last
First
Middle

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_  
Month Day Year

Race: \_\_\_\_\_ Sex: M or F (circle appropriate one)

Are you currently an Administrator of a RHA in the state of Tennessee **ONLY**? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently an Administrator of an ACLF in the state of Tennessee **ONLY**? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:  
Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ County City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ How long have you been administrator of this facility? \_\_\_\_\_

Have you served as the administrator of any other facility in the state of Tennessee **ONLY**? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Dates \_\_\_\_\_

**CERTIFICATION FEE: \$180.00 (NON-REFUNDABLE)**

(Circle appropriate number) Education of administrator

Grammar School	1	2	3	4	5	6	7	8			
High School	1	2	3	4	Graduate?	Yes	_____	No	_____	Year	_____
College	1	2	3	4	Graduate?	Yes	_____	No	_____	Degree	_____

**If new applicant, provide verification of education.**

Have you ever been convicted of a criminal offense involving the abuse or intentional neglect of an elderly or vulnerable individual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where convicted?	Date of conviction
City _____ County _____ State _____	_____

**Applicants who allowed their previous administrator certification to lapse and is reapplying for a new certification, must submit along with other required documents, written proof of attendance of at least twenty-four (24) approved classroom hours of continuing education courses, within six (6) months after submitting a new application.**

**VERIFICATION BY NOTARY PUBLIC**

Applicant certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to Home for the Aged and Assisted Care Living Facility and with the rules promulgated under Tennessee Code Annotated, §68-11-201.

_____	_____
(Signed) The Applicant	Date

State of Tennessee  
County of \_\_\_\_\_

The above named applicant (Print Name) \_\_\_\_\_, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the content thereof: that the statements concerning the applicant, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Month Year

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_