



**STATE OF TENNESSEE
HEALTH FACILITIES COMMISSION
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 **HEALTH FACILITIES COMMISSION** 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 Facilities Commission at the address indicated above, fax 615-253-8798 or email 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: _____