



# HEALTH LICENSING OFFICE

## Long Term Care Administrators Board

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192  
Phone: 503-378-8667 | Fax: 503-370-9004  
[www.healthoregon.org/hlo](http://www.healthoregon.org/hlo) | Email: [hlo.info@state.or.us](mailto:hlo.info@state.or.us)

### RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSE APPLICATION

#### 1. Applicant Information

APPLICANT NAME: LAST FIRST MIDDLE INITIAL

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY STATE ZIP

PHONE: ☐ HOME ☐ CELL BUSINESS PHONE EMAIL

GENDER BIRTHDATE SOCIAL SECURITY NUMBER (REQUIRED)  
☐ Female ☐ Male

Have you ever been known under any other name?  
☐ No ☐ Yes – If yes, list full name(s):

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? ☐ No ☐ Yes - If yes, please list information below.

State: Lic./Cert./Reg.# Expiration:

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(Do not write in this section – Official use only)

License #: Initials OTC ☐ Verified ID ☐ Type:

☐ Approval Code/CK#

Method of Payment: ☐ Visa ☐ MasterCard

☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO

AMOUNT: INITIALS:

INITIALS:

☐ APPROVAL CODE/CK#

Method of Payment: ☐ Visa ☐ MasterCard

☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO

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AMOUNT: INITIALS:

INITIALS:

☐ APPROVAL CODE/CK#

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**2. Individual Records Questions: Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.**

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. ☐ **Yes** ☐ **No** If yes, please explain (**attach additional pages if necessary**):

● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, please list <b>all</b> convictions, including the charges as stated in the court documents and year convicted ( <b>attach additional pages if necessary</b> ).	Year Convicted
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● As of today, are you on probation or parole? ☐ **Yes** ☐ **No** If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

**Applicant Signature:**

**Date:**

ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the National Practitioner Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the National Practitioner Data Bank (NPDB). Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

**Applicant Signature:**

**Date:**

**3. \*\*\* (Complete This Section Only If Submitting Payment By Mail) \*\*\***

**Payment of Required Fees: Application Fee = \$100**

Please check one: ☐ Cash ☐ Check ☐ Money order ☐ Purchase order ☐ Credit card (see below)

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp: \_\_\_\_\_ Authorized amount: \$ \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

**4. Race / Ethnicity – Voluntary Question**

The State of Oregon has an Affirmative Action policy. If you choose to provide your race/ethnicity information below, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing eligibility or qualifications.

**Ethnic Background (check only one)**

- ☐ **American Indian or Alaska Native (I)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.
- ☐ **Asian (A)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **Black or African American (B)** (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic or Latino (H)**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- ☐ **Native Hawaiian or other Pacific Islander (P)** (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White (W)** (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Two or more races (T)** (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.

## **APPLICATION REQUIREMENTS FOR RESIDENTIAL CARE FACILITY ADMINISTRATOR LICENSE**

\*\*\*As a reminder, mandatory licensure of Residential Care Facility Administrators does not begin until January 1, 2022. In order to obtain a permanent Residential Care Facility Administrator license, you will need to take a state-prepared Oregon Laws and Rules examination given by the Health Licensing Office. This examination will not be available until the Oregon Administrative Rules for Long Term Care Administrators can be finalized and an exam created.

If you choose to apply before that date by submitting this application, please know that your application will be placed in a "pending status" until the examination is finalized and available for you to take. Once the examination is available, applicants in pending status will be notified that they can come in and sit for the exam.

**When sending in this application form, please submit an application fee of \$100.** Future fees will include a \$125 examination fee once you are notified to come in and sit for the examination. If you pass the examination, a license fee of \$130 will need to be paid to obtain your permanent license.

Applicant Must:

- ☐ Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30.
- ☐ Submit this completed application accompanied by payment of required fees.
- ☐ Submit **two** forms of original identification issued by a government agency, **both of which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. **At least one form of identification provided to the HLO must be photographic.** Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.
- ☐ Submit proof of being at least 21 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above).
- ☐ Submit proof of having a high school diploma or equivalent. If you attended a school outside the U.S. you must have your education evaluated for equivalency. Please contact the Health Licensing Office for assistance or clarification of the process.
- ☐ Submit proof of one of the following:
  - ☐ a) Being employed in a professional or managerial capacity in a field related to health or social service for at least two of the last five years; **or**
  - ☐ b) Having earned at least a bachelor's degree in a health or social-service related field; **or**
  - ☐ c) A combination of experience and education deemed sufficient by the Office.
- ☐ Submit proof of having completed at least 40 hours of training pursuant to Oregon Administrative Rule 853-035-0010.
- ☐ Pass the Residential Care Administrator Oregon laws and rules examination administered by the Health Licensing Office.
- ☐ If applicable, submit an affidavit of licensure from any state where the individual holds or has held an authorization as a residential care administrator whether the authorization is active or inactive.
- ☐ **Background Check:**
  - ☐ a) Submit proof of an approved Oregon Department of Human Services (DHS) background check with an approval date of no more than 30 days prior to the date of this application; **or**
  - ☐ b) Submit a background check through the Health Licensing Office (HLO). The HLO will submit the background check to the Oregon DHS Background Check Unit to run and provide results to the HLO.

If the background check through DHS in either (a) or (b) above results in any outcome other than approval, the HLO shall require the applicant to pass a fingerprint-based nationwide criminal records background check conducted by the HLO.

**NOTE:** The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.

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