

DATE SUBMITTED \_\_\_\_\_

APPROVED \_\_\_\_\_

EXPIRES \_\_\_\_\_ No. \_\_\_\_\_

# EMERGENCY PERMIT APPLICATION

Please print clearly or type all answers. If there is not sufficient space, use additional sheets and number accordingly.

Please note that the person completing this application must meet the following criteria: 1) the person must be at least 19 years of age; 2) the person must be a citizen of the United States of America or has duly declared their intention of becoming a citizen of the United States of America; 3) the person must be of good moral character and suitable and fit to practice as an assisted living administrator; 4) the person must, at least, have a high school diploma or GED; 5) the person must be eligible to be licensed by reciprocity, **or** must have worked in an assisted living facility or for a management company that operates assisted living facilities in a supervisory capacity for a minimum of two years prior to their appointment as acting administrator.

Please submit all required documents and the non-refundable emergency permit fee of \$200.00 along with this notarized application to the Board of Examiners of Assisted Living Administrators.

Today's Date: \_\_\_\_\_ Date of Event Requiring Emergency Permit: \_\_\_\_\_

Name of assisted living facility currently requiring an acting administrator with an emergency permit: ***Please submit a copy of the facility's license from the State of Alabama Department of Public Health.***

\_\_\_\_\_  
*Name of Facility*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*License Number*

Please document circumstances creating the need for an emergency permit for the above listed facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the estimated length of time an emergency permit will be needed? \_\_\_\_\_

Name and license number of previous administrator of above listed facility:

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Administrator License Number)*

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1. Name of person submitting application for emergency permit:

\_\_\_\_\_  
*(Last)*

\_\_\_\_\_  
*(First)*

\_\_\_\_\_  
*(Middle)*

\_\_\_\_\_  
*(Maiden)*

2. Home Address \_\_\_\_\_

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip)*

3. Business Address \_\_\_\_\_

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip)*

4. Telephone Number (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN # \_\_\_\_\_

6. Are you a citizen of the United States?  YES  NO If NO, please provide appropriate documentation from the federal government.

7. (a) Have you ever been convicted of a felony?  YES  NO

Ala. Admin. Code r. 135-X-5-.03(3). An applicant for examination who has been convicted of a felony by any court in this state, or by any court of the United States, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first submit to and file with the Board, a certificate of good conduct granted by the Board of Parole or, in the case of a conviction in any jurisdiction wherein the laws do not provide for the issuance of a certificate of good conduct, an equivalent written statement or document.

(b) Have you ever been convicted of a misdemeanor?  YES  NO

Ala. Admin. Code r. 135-X-5-.03(4). An applicant for examination who has been convicted of a misdemeanor, except a petty traffic offense, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first submit to, and file with the Board a certificate or letter of good conduct from the proper parole, probation, court, or police authorities wherein such conviction was had, or submit an equivalent written statement or document. For the purpose of this paragraph, a petty traffic offense shall be any and every misdemeanor relating to the operation of motor vehicles except: Driving while under the influence of intoxicating liquors, narcotics, stimulating or hallucinating drugs; leaving the scene of an accident; and manslaughter resulting from the operation of a motor vehicle.

If yes to 7a or 7b, please attach a copy of relevant documents.

8. List any current professional licenses you hold: Not Applicable

License: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
(Title) (Number) (State)

License: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
(Title) (Number) (State)

Have you had any disciplinary action taken against any professional license you hold?

No  Yes If yes, please explain \_\_\_\_\_

\_\_\_\_\_

9. Please list the licensed assisted living facilities you have worked in or your management company has managed during the two years prior to submission of this application and your title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Please list your experience that would qualify you to serve as an acting administrator with an emergency permit.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Education: *Please submit a copy of all degrees and certificates you have received.*

(a) Please circle the highest grade completed: 6 7 8 9 10 11 12

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State)

(b) Did you graduate?  YES Date of Graduation: \_\_\_\_\_

NO Date of GED receipt: \_\_\_\_\_

(c) Name of College or University: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State)

(d) Did you graduate?  YES  NO Date of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_

(e) Other educational training: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State)

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

Certificate Received:  YES  NO

Subjects: \_\_\_\_\_

\_\_\_\_\_

12. Employment history for the past 10 years. Please list most recent experience first.

**Employer's Name:**

\_\_\_\_\_

Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employed from \_\_\_\_\_ TO \_\_\_\_\_

Job Title: \_\_\_\_\_



13. Applicant must furnish references from two (2) individuals employed in the health care or patient care industry, who are not related to the applicant by blood or marriage, have known the applicant for at least 12 months and are in a position to provide information in regard to the applicant's good moral character. **Two form letters which are to be used by these individuals are enclosed with this application and should be mailed by the individuals directly to the Board of Examiners.** Please list below the names and addresses of whom the two references will be from:

a. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

b. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

By making application for an emergency permit, I hereby agree and understand if approved by the State of Alabama Board of Examiners of Assisted Living Administrators, that:

- **The length of the emergency permit will be determined by the Board of Examiners and will not, for any reason, exceed 120 days from the date of the event requiring the need for an emergency permit.**
- **The emergency permit allows the holder to practice as an acting administrator at only the assisted living facility for which the emergency permit is issued.**
- **The holder of the emergency permit must be able and willing to comply with the State Board of Health rules governing assisted living facilities.**

This emergency permit application has been approved and verified by the owner or manager of the assisted living facility named in this application.

\_\_\_\_\_  
*Signature of Owner or Manager*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

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### AFFIDAVIT OF APPLICANT

\_\_\_\_\_, on oath, do promise and swear that, if my application is  
*Printed Name of Applicant*

accepted, and I should be granted a license to practice as an Assisted Living Administrator in the State of Alabama, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Assisted Living Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I fail to keep the above agreement or if I have made any false statements in this application, my license may be suspended or revoked by the Board at any time.

I further state that all the statements made by me in this application are true and correct.

\_\_\_\_\_  
*Signature of Applicant*

Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

My commission expires \_\_\_\_\_.

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

## CHECKLIST OF REQUIRED ITEMS TO BE SUBMITTED TO THE BOARD OF EXAMINERS

I have enclosed or submitted for completion:

- Completed, signed, and notarized application
- Two character reference form letters (these must be mailed directly from the persons completing the letters to the Board of Examiners) Application will not be complete until both letters are received.
- Copy of driver's license or proof of age
- Copy of assisted living facility's State license
- Copy of high school diploma, GED, or college diploma
- \$200.00 application fee (non-refundable). Make check payable to **BOE ALA** (Board of Examiners of Assisted Living Administrators)
- ↑ Background Check Release Form
- Alabama Immigration Law Affidavit Form

**Mail application and other required documents to:  
Alabama Board of Examiners of Assisted Living Administrators  
5921 Carmichael Road  
P.O. Box 230968  
Montgomery, AL 36117**