FOR OFFICE USE ONLY
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 $350.00 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)*

****

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.

<u>Employer's Name:</u>

_____

Address:

_____
(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties:_____

_____

_____

_____

Employer's Name:

_____

Address:

_____

(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties:_____

_____

_____

_____

Employer's Name:

_____

Address:

_____

(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties:_____

_____

_____

_____

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*

****

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

☐ $350.00 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
Montgomery, AL 36117

AFFIDAVIT OF APPLICANT

_____, on oath, do promise and swear that,
Printed Name of Applicant

In accordance with the Alabama Immigration Law ALL new applicants and ALL renewal applications received on or after October 1, 2011 must provide, with their online or mail-in application, a notarized affidavit with a copy of one (1) of the documents stated in HB56, Section 29(k) or HB56, Section 3(10).

ALL applicants or renewal applicants who cannot provide the documentation as provided in HB56, Section 29(k) or HB56, Section 3(10) shall be denied a license. All applicants or renewal applicants who provide documentation of alien status, pursuant to HB 56, Section 3(10), shall be verified through the S.A.V.E. program or the Department of Homeland Security pursuant to 8 U.S.C. §1373. Any applicant not lawfully in the United States shall be denied a license.

It is understood that if I have provided any false documents or, documents not originally issued to me, that my license may be suspended or revoked by the Board at any time.

I hereby state that all the documents provided by me are true and correct copies of documents issued to me by a governmental agency or tribal authority.

I further state that I have been provided a list of the documents that are acceptable to verify my identity and that verify my ability to work and/or reside in the United States. Of the list of documents, I have provided a copy of my_____.

_____
Signature of Applicant

ATTESTATION

I, _____, a notary in the State of _____
(printed name of notary)

hereby attest to the fact the above named individual signed the above affidavit in my presence on

this _____ day of _____ 201__.

Sworn to and subscribed before me this _____ day of _____, _____.

_____
Notary Public
My commission expires: _____.

ACCEPTABLE DOCUMENTS

HB56, Section 29(k):

1) Driver's license or nondriver's identification card
2) Birth certificate
3) Pertinent Pages of a United States valid or expired passport (must show passport number)
4) United States naturalization documents or the number of the certificate of naturalization
5) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto;
6) Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number
7) Consular report of birth abroad of a citizen of the United States of America
8) Certificate of citizenship issued by the United Stated Citizenship and Immigration Services
9) Certification of report of birth issued by the United States Department of State
10) American Indian Card, with KIC Classification issued by the US Department of Homeland Security
11) Final adoption decree showing the applicant's name and United States birthplace
12) Official United States Military record of service showing the applicant's place of birth in the United States
13) Extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United Sates

HB56, Section 3(10:

1) Valid, unexpired driver's license
2) Valid, unexpired nondriver identification card
3) Valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
4) Valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issue by an entity that requires proof of lawful presence in the United States before issuance.
5) Foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States.
6) Foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States.