

**Application for Approval of Initial Assisted-Living  
 Facility Administrator Training**

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

<b>NAME:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
<b>HOME ADDRESS:</b>	STREET/PO/ROUTE:		
	CITY:	STATE:	ZIP CODE:
<b>HOME TELEPHONE NUMBER:</b>		<b>FAX NUMBER (if applicable):</b>	
<b>FACILITY NAME:</b>			
<b>FACILITY ADDRESS (if applicable):</b>	STREET/PO/ROUTE:		
	CITY:	STATE:	ZIP CODE:
<b>FACILITY TELEPHONE NUMBER:</b>		<b>FACILITY FAX NUMBER (if applicable):</b>	
<b>SOCIAL SECURITY NUMBER:</b>		<b>BIRTH DATE:</b>	
<p>After January 1, 2015, an Assisted-Living Facility Administrator must have successfully completed initial training consisting of a total of at least 30 hours. (175 NAC 4-006.02A) Verification of initial training completed must be submitted to the Department for approval. Please check one of the following and <b>submit</b> documentation for verification (175 NAC 4-006.02B) :</p>			
1.	<input type="checkbox"/>	Evidence of completion of training (certificate of letter) including documentation of date of training, number of hours, description of training, and trainer qualification;	
2.	<input type="checkbox"/>	Evidences of successful completion of college courses and/or degrees which includes topics in 175 NAC 4-006.02A listed below: <ul style="list-style-type: none"> <li>• Resident Care and Services</li> <li>• Social Services</li> <li>• Financial Management</li> <li>• Administration</li> <li>• Gerontology</li> <li>• Rules, regulation, and standards relating to the operation of an Assisted-Living Facility</li> </ul>	
3.	<input type="checkbox"/>	Evidence of completion of a Department approved training program; or	
<p>If an Assisted-Living Facility Administrator is currently licensed as a nursing home administrator or is a hospital administrator, the following must be submitted:</p>			
1.	<input type="checkbox"/>	Evidence of current licensure as a nursing home administrator in Nebraska or other jurisdiction	
2.	<input type="checkbox"/>	Evidence of a statement from the governing authority or hospital or other authorizing entity that can verify administrator status.	

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Lawful Presence in the United States Attestation:** For the purpose of complying with Neb. Rev. Stat. §§ 38-129 and 4-108 through 4-114, I attest as follows:

Please check the appropriate box(es) below:

- I am a citizen of the United States.
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act.
- I am a non-immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States.
- I am a qualified alien under the Federal Immigration and Nationality Act.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

\_\_\_\_\_  
(Initial Here)

**Application Attestation:** I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## For Department Use

If applicable – Date of Request for More Information: \_\_\_\_\_

Information Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Additional Information Received: \_\_\_\_\_

Approval/Denial Notification Date: \_\_\_\_\_

Department Staff Signature: \_\_\_\_\_

Registry Number: \_\_\_\_\_

Date Registered: \_\_\_\_\_

If you have questions please email [dhhs.healthcarefacilites@nebraska.gov](mailto:dhhs.healthcarefacilites@nebraska.gov) or call (402) 471-3324.