

NOTICE OF FORM CHANGE NO. 04-112

DATE

03/26/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 9215 (3/04) Application For Administrator Re-Certification

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 3/04	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

DEPARTMENT OF SOCIAL SERVICES

744 P Street, MS 19-47, Sacramento, CA 95814



Date:

APPLICATION FOR ADMINISTRATOR RE-CERTIFICATION

Certificate #:
 Effective Date:
 Expiration Date:
 Social Security #:

Name:
 Address:
 City, State, Zip Code:

This letter is to notify you that the administrator certificate issued to you by the California Department of Social Services (CDSS) will expire in 90 days. In order to maintain compliance with the provisions of the Administrator Certification Program, you are required to submit your renewal information and fee prior to the certificate expiration date. Please submit the following:

1. Copy of certificate(s) of completion of required continuing education.

A total of (40) forty hours of continuing education is required if you are an Administrator for either a Residential Care Facility for the Elderly, an Adult Residential Facility or a Group Home. If you are a Nursing Home Administrator, (20) twenty hours of continuing education are required.

Hours may be completed through any combination of courses provided by:

- CDSS approved Vendors.
- Department of Developmental Services and approved by the Regional Center for ARF and GH Administrators (*Regional Center Orientation(s) and/or challenge tests are not acceptable*).
- Accredited educational institutions and vendors approved by other California State Agencies provided such courses are consistent with the Core of Knowledge specified in Regulations. You must submit each course with certificate of completion and a description of the course(s) or it will be returned to you. If the course does not relate to the Core of Knowledge or is duplicative (you have taken the identical course before), it will not be credited toward the recertification requirement.
- Crisis Prevention Institute, Inc. (CPI), "Nonviolent Crisis Intervention" training. Pocket size certificates must be accompanied with a letter from CPI (approved by the Board of Behavioral Sciences). *The refresher course(s) is not acceptable for CEUs.*

2. Processing fee of \$100. If your certificate has expired and/or your application is deemed incomplete, you will be required to pay an additional \$200.

You must have an active criminal record clearance on file with the Department. If you do not have an active clearance on file, you will be informed in writing on how to proceed.

COMPLETE AND SUBMIT BOTH SIDES OF THIS APPLICATION

APPLICATION FOR ADMINISTRATOR RE-CERTIFICATION

NAME (Please print): _____
(LAST) (FIRST) (MIDDLE)

1. Do you currently possess or have you previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license or certificate and license number(s);

Yes No License Number: _____ Certificate Number: _____

2. Do you currently hold or have you previously held a government issued facility license to operate or provide services to individuals? If yes, please indicate the type of license or certificate and license number(s);

Yes No License Number: _____ Certificate Number: _____

Issuing Government Agency: _____

3. Are you currently or were you previously employed by a licensed community care facility? If yes, please indicate the facility name(s) and license number(s);

Yes No Facility Name: _____ License Number: _____

Facility Name: _____ License Number: _____

Facility Name: _____ License Number: _____

4. Have you been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (1), (2) or (3) above? If yes, please explain and provide dates. If additional space is needed, please attach to this application form.

Yes No

I declare under penalty of perjury that the foregoing information is true.

Applicant Signature (**MANDATORY**): _____ Date: _____

This application for renewal must be post-marked on or before the certificate expiration date. Please mail to: California Department of Social Services, Administrator Certification Section, 744 P Street, M.S. 19-47, Sacramento, CA 95814.

If you have any questions regarding this form, please contact the Community Care Licensing Division, Administrator Certification Section at (916) 324-3755.