



CHECKLIST AND INSTRUCTIONS FOR ASSISTED LIVING FACILITY ADMINISTRATOR **REINSTATEMENT** APPLICATION

SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed. You may need to submit supporting documentation regarding your responses to the licensure questions. Please refer to the application for more information.
- FEE – All fees are non-refundable. Make check or money order payable to the Treasurer of Virginia. The reinstatement application fee does not include any upcoming fees required for the next renewal which occurs on March 31st of each year.

The fee for application for Reinstatement is \$435.00.

The fee for application for Reinstatement After Disciplinary Action (Suspension, Revocation, or Denial of Renewal) is \$1,000.00.

- NATIONAL PRACTITIONER DATA BANK (NPDB) – You will need to request a current self-query report from the NPDB. There are processing fees for each entity for this service. You may request the report through their website at www.npdb.hrsa.gov. You must submit your completed NPDB report to the Board by fax, email, or mail.
- EVIDENCE OF CONTINUING EDUCATION (if applicable) – Submit copies of the certificates of completion or other documentation for a minimum of 20 classroom hours of continuing education for each year since your last renewal, not to exceed 60 hours.
- EVIDENCE OF ACTIVE PRACTICE IN ANOTHER STATE OR US ARMED SERVICES (if applicable) – Provide a letter of verification of active practice during the period of licensure in Virginia was lapsed to include dates of employment, location of work experience, and specific duties assigned. “Active practice” means a minimum of 1,000 hours of practice as an assisted living facility administrator within the preceding 24 months.
- VERIFICATION OF STATE LICENSURE – Provide the written verification from the issuing regulatory authority, in all jurisdictions, in which you have ever held an administrator license, including expired, inactive, and current licenses. Contact each State regarding processing fees.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. It is unlawful to practice as an Assisted Living Facility Administrator (ALFA) in Virginia until you have been issued a Virginia registration.
2. Applications received without the required processing fee will be returned to the sender.
3. Faxed documents will not be accepted; only original documents will be accepted.
4. Once all documentation has been received, the licensing process takes approximately 10 **business** days, except in cases involving reinstatement after disciplinary action. Board staff will contact you at the email address provided on your application with a status update.
5. Applications will remain on file with the board for one year from the date of receipt. If, at the end of one (1) year, licensure/certification/registration is not issued, the applicant shall reapply in accordance with the requirements of the Regulations.



Virginia Department of
Health Professions
Board of Long-Term Care Administrators

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/nha

(804) 367-4595 (Tel)
(804) 939-5973 (Fax)
Email:
lrc@dhp.virginia.gov

**ASSISTED LIVING FACILITY ADMINISTRATOR
REINSTATEMENT APPLICATION**

MARK ONLY ONE BOX:

- Reinstatement
 Reinstatement After Disciplinary Action (Suspension, Revocation, or Denial of Renewal)

LICENSE INFORMATION

Virginia License Number	Date Licensed	Date Expired
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(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX	
DATE OF BIRTH MM DD YY	SOCIAL SECURITY NO. OR VA CONTROL NO.*		
ADDRESS OF RECORD**: STREET	CITY	STATE	ZIP CODE
ALTERNATE PUBLIC ADDRESS***: STREET	CITY	STATE	ZIP CODE
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	
PRIVATE E-MAIL ADDRESS		PUBLIC E-MAIL ADDRESS	
GRADUATION DATE MM DD YY	DEGREE	COLLEGE/UNIVERSITY AND CITY, STATE	

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the process of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.

**The address information you provide is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

***This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY _____

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER
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OUT OF STATE LICENSURE: List all jurisdictions in which you have been issued a license to practice whether *active, inactive, or expired*. Indicate license number and date issued. You will need to provide written verification from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees. (You may use additional paper if needed).

STATE/JURISDICTION	LICENSE NUMBER	ISSUE DATE / STATUS

REINSTATEMENT QUALIFICATIONS

YES NO

1. Can you provide evidence of attendance of 20 classroom hours of continuing education for each year since your last renewal, not to exceed a total of 60 hours? YES NO

2. Can you provide evidence of active practice in another state or in the U.S. Armed Services during the period that licensure in Virginia was lapsed? "Active practice" means a minimum of 1,000 hours of practice as an assisted living facility administrator within the preceding 24 months. YES NO

3. Can you provide evidence of requalifying for license by meeting the educational, training and examination requirements for initial licensure? YES NO

WORK HISTORY – A resume may not be used as a substitute for any question on this application. You may use additional paper if needed.

From	To	Employer (Name, Address, City, State, Zip Code)	Position Title

LICENSURE QUESTIONS

Any supporting documentation related to the questions below should be submitted to:
 Virginia Board of Long-Term Care Administrators
 Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233

YES NO

1. Have you ever been denied issuance of, refused renewal of a license, or the privilege of taking an examination by any state licensing/regulatory board? YES NO
 If yes, provide notices, orders, etc., from the regulatory authority authorized to take such actions.

	YES	NO
<p>2. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, please provide a letter explaining the factual circumstances leading to the criminal offense(s); attach a certified copy of all conviction orders (obtained from the courthouse of record); evidence that all court ordered requirements were met (i.e. letter from the probation officer if on supervised probation, evidence of paid fines and restitution, etc.); and any other information you wish to be considered with your application.</p>		
<p>3. Have you ever had any of the following disciplinary actions taken against your license to practice as an administrator or to practice any health profession or any such actions pending? For example: (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty?</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, please provide a letter explaining the factual circumstances leading to the action or denial; a certified copy of the Order for disciplinary action or denial from other state licensing entity; a copy of any subsequent actions (i.e. reinstatement), if applicable; and any other information you wish to be considered with your application.</p>		
MILITARY SERVICE	YES	NO
1. Are you active-duty military?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active duty orders, <u>or</u> 2) a veteran who has left active duty service within one year of submission of this application?	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL LICENSURE QUESTIONS	YES	NO
A. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Please provide a full explanation on a separate page.	<input type="checkbox"/>	<input type="checkbox"/>
(A.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past five years, have you been disciplined by any entity? Please provide a full explanation and any associated orders or letters from the entity.	<input type="checkbox"/>	<input type="checkbox"/>
(B.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing administrator or trainee.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide a letter explaining the factual circumstances of the condition or impairment and addressing ongoing efforts to function safely; a letter from your current treating healthcare provider(s) describing diagnosis, treatment regimen, compliance with treatment, and an analysis of your ability to practice safely; and evidence of past treatment.		

D. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing administrator or trainee.

If yes, please provide a letter explaining the factual circumstances of the condition or impairment and addressing ongoing efforts to function safely; a letter from your current treating healthcare provider(s) describing diagnosis, treatment regimen, compliance with treatment, and an analysis of your ability to practice safely; and evidence of past treatment (i.e. discharge summary from outpatient treatment and inpatient hospitalizations).

E. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing administrator or trainee.

If yes, please provide a letter explaining the factual circumstances of the condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); a letter from your current treating healthcare provider(s) describing diagnosis, treatment regimen, compliance with treatment, and an analysis of your ability to practice safely; and evidence of past treatment (i.e. discharge summary from outpatient treatment and inpatient hospitalizations).

F. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?

If yes, please provide a letter explaining the factual circumstances leading to the action or denial; a certified copy of the Order for disciplinary action or denial from other state licensing entity; a copy of any subsequent actions (i.e. reinstatement), if applicable; and any other information you wish to be considered with your application.

AFFIDAVIT OF APPLICANT

I certify that I have carefully read the laws and regulations related to the practice of Assisted Living Facility Administrators, which are available at https://www.dhp.virginia.gov/nha/nha_laws_regs.htm and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

Signature of Applicant

Date