

Adult Care Home Administrator Licensure Renewal Application

Your Adult Care Home Administrator license will expire June 30, 2021. Renewal materials must be postmarked by June 30, 2021 to avoid a \$50.00 late fee.

License #: _____

Lic. End Date: June 30, 2021

CE Hrs Due: See Instruction Sheet

Renewal Fee: \$100.00

Name _____

Address _____

City, State, Zip _____

Email _____

NOTE: ONLY use this application form if NOT using the online renewal process.

Disciplinary History:

During this licensure period, has your license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked, or subjected to any disciplinary action, or have you been convicted of a crime by any state or federal court in the United States?

No Yes (attach explanation)

Note: According to KSA 65-3505(d) and established board policy, a random check for criminal history will be made on renewal applications.

Continuing Education Attestation

The following attestation statement regarding continuing education must be signed to renew your license:

By signing this application, I affirm that I have completed the continuing education required by regulation (KAR 26-38-8). I understand that an audit will be conducted of a percentage of all applications, and should my application be subject to audit, I will provide all documentation as requested. I understand that my license will not be renewed until all required documentation is reviewed and approved. I also know that falsifying any of this documentation may result in disciplinary action against my license.

Signature _____ Date _____

If NOT renewing please indicate below:

I do not intend to renew my Kansas Adult Care Home Administrator license at this time because:

(Please return this application to the address below so we can update your records)

Before mailing your renewal application, be sure that you have:

- **Enclosed** a non-refundable fee of \$100 made payable to **KDADS**; or completed and enclosed the authorization form to charge fees to your Visa or MasterCard.
- **Answered** the disciplinary question.
- **Signed** the continuing education attestation.

NOTE: As mentioned above, applications postmarked after 06-30-2021 and before 07-30-2021 can still be processed for renewal if the required CE was obtained by 06-30-2021, but a \$50 late fee must be paid in addition to the \$100 renewal fee. After 07-30-2021, licenses are considered lapsed and would have to be reinstated. The fee for reinstatement is \$220.

Health Occupations Credentialing • 503 S Kansas Ave • Topeka, KS 66603

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
 SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
 HEALTH OCCUPATIONS CREDENTIALING
 CREDIT CARD AUTHORIZATION FOR VISA OR MASTERCARD

This charge is for: _____
 Please Print Facility Name for CRC OR Name of individual for Certification/Licensing

As payment of fees for:

Certification CNA/CMA/HHA ONLY	
Course #	_____
_____	Certified Nurse Aide
_____	Interstate
_____	Certified Home Health Aide
_____	Certified Medication Aide
_____	CMA Renewal
_____	Reschedule State Test
_____	Allied
Fee amount paid	

Licensing - SLP, Audiology, Diet, Admin, Operator	
Circle Tpe to Select	enter credential number if known or X if new
Temporary	_____ Speech Language Pathologist
Initial/Full	_____ Audiologist
Reciprocal	_____ Dietitian
Renewal	_____ Adult Care Home Administrator
Reinstatement	_____ Operator Registration
\$ _____ Fee amount paid	

Criminal Record Check - Facility Use Only	
Number of names checked:	_____
\$10.00 per name	_____
Total Paid \$ _____	

Credit Card company service fee of 3.04% will be added to the total

VISA Card number (required) _____

Expiration Date (required) _____

OR

MASTERCARD Number (required) _____

Expiration Date (required) _____

 Name of Cardholder (required) Signature (required)

FOR OFFICE USE ONLY:		
AMOUNT: _____	SERVICE FEE: _____	TOTAL CHARGED _____