

REINSTATEMENT APPLICATION FOR OPERATOR REGISTRATION

Operator Registration may be reinstated by obtaining 30 CE hours and payment of the \$130.00 renewal and reinstatement fee *IF THE REGISTRATION HAS NOT LAPSED FOR MORE THAN 24 MONTHS.*

If lapsed for more than 24 months the applicant shall submit evidence of successful completion of the operator course within the most recent 24-month period and pay the \$130.00 renewal and reinstatement fee.

Registration #: _____ Social Security Number _____

Name _____ Other Name Used _____

Address _____ City _____ State _____ Zip _____

Phone: Work(_____) _____ Home(_____) _____

RECORD OF CONTINUING EDUCATION CLOCK HOURS

Clock hours submitted for the purpose of reinstatement shall be earned within the 24 months preceding the application for reinstatement.

For Prior Approved Programs: Record approval number, title, date and hours. Verification of attendance for all prior approved programs listed must be submitted. For programs not Prior Approved: Record title, date and hours below. Required documents include: 1) course content, 2) objectives, 3) time frame of educational activity and 4) verification of attendance.

Approval Number	Program Title	Date	Resident Care 10 hours minimum	Administration 15 hours minimum	Electives Maximum 5 hours

DISCIPLINARY/CONVICTION HISTORY (K.S.A. 39-980)

Has your registration, license, certification issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked or subjected to any disciplinary action, or have you received a finding of abuse, neglect or exploitation against a resident of an adult care home, or have you been convicted of a crime by any state or federal court in the Unites States?

() No () Yes If yes, attach explanation.

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the agency to verify any information provided in this application/attachments.

Signature _____ Date _____

**Please return this application to:
Health Occupations Credentialing - 503 S Kansas - Topeka KS 66603**