

## Application Supplement Permit; for ASSISTED LIVING DIRECTOR IN RESIDENCE

**Data collection and dissemination information:** (Rights of subjects of data under Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2.) Information submitted on this application will be used by the Board of Executives for Long Term Services and Supports (BELTSS to determine your qualifications for a permit as an acting director under Minnesota Rules 6400.7080. Although you may refuse to supply the information requested, failure to provide it will result in denial of the permit. All application data you provide will become part of your permanent file. Except for your Social Security Number, all information in your permanent file becomes public data when the permit is granted. Until you obtain a permit or if a permit is denied you, the information in the application (except your name and designated address, which are public), is private data, accessible only to you, BELTSS and its agents, and agents of the Attorney General's Office who represent BELTSS. In accordance with statutes and rules, application information may in some circumstances be disclosed to certain other persons or entities, including the Office of Administration Hearings and any reviewing courts.

## Provisions of law and rules pertaining to Minn. Rule 6400.7080 ASSISTED LIVING DIRECTOR IN RESIDENCE PERMITS.

When the controlling individuals of an assisted living facility designate an ALDIR under this part, the designee must secure a permit within **30 days of the designation**. To secure a permit, the ALDIR must designate on the permit application the person who will serve as a mentor during the director-in-residence field experience. The board shall issue a temporary permit to serve an assisted living facility as an assisted living director in residence **for up to one year**. A permit to serve as an ALDIR **is not renewable beyond the one year** for which it was issued and is not transferable to another facility (not referenced).

### Qualifications.

An applicant for a permit to serve an assisted living facility as an ALDIR must furnish satisfactory evidence that the applicant:

- A.** has graduated from high school or holds a general education development (GED) certificate of equivalent competency, with two years of work experience in the continuum of long-term services, including one year in a supervisory/managerial position **before licensure is granted**.
- B.** has experience in the management of an assisted living facility or related facility or program or is enrolled in a course program approved by the board within six months of designation.
- C.** is in good standing in each jurisdiction from which the applicant has ever received a health care license.
- D.** has successfully completed a criminal background check under Minnesota Statutes, section [214.075](#); and
- E.** has established a mentor relationship, including providing information about the mode and frequency of communication between the mentor and the assisted living director in residence.

The assisted living director in residence must meet the licensee responsibilities set forth in part [6400.7050](#).

### Required Initial Steps:

1. Complete an online electronic application and pay for the ALDIR online.
2. Complete this supplement permit application with specific information required for the ALDIR.
3. Complete the Shared Director Request if multiple sites are requested.
4. Send a professional resume.
5. Due to the Criminal Background Check (CBC) average completion timeframe of 30-45 days; the CBC must be completed as soon as possible.

## Applicant Information

Please complete the application form in its entirety. Failure to submit a completed application could result in improper validation of your application and subsequently rejection. Communities in transition require continuity and experience so elders receive optimal services.

Full Legal Name: \_\_\_\_\_

Application/Reference ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Individual Email Address: \_\_\_\_\_

The date you will begin as the Residency Permit Director: \_\_\_\_\_

## Applicant Qualifying Information

What ALDIR Program Course are you currently enrolled in? (Please check the applicable response)

For more information on the approved program providers, please visit our website at

<https://mn.gov/board/beltss/ald/learning/courses>

☐ Care Providers of Minnesota

☐ LeadingAge Minnesota

☐ University of Minnesota

\*Transcripts must come directly from the ALD program course provider to be an official transcript. Please reach out to the program provider if there are any questions related to it being sent to BELTSS. Your application profile will be updated as completed within 3-5 business days once received.

\*\*Transcripts MUST be received before applying to sit for the National CORE/RCAL examination and State ALD Examination.

**Read the following statements and check the boxes attesting you understand each statement (Check when completed).**

☐ I understand I must have a Licensed Assisted Living Director (LALD) as my mentor who has been licensed and practicing for two years as a LALD/LHSE. I further understand I must maintain a mentor throughout my permit issuance. **Information on the Mentor will be requested on page 4.**

☐ I understand my permit will expire at the end of twelve (12) months, or when I leave the facility in which the permit is issued, whichever occurs first.

☐ I understand I am expected to complete ALL licensure requirements at the end of the permitted timeframe, or refrain from practicing as an assisted living director.

☐ I understand I must notify the board if I should end my employment at the location the temporary permit is issued.

☐ I understand I must meet the minimum education and employment requirements at the end of the permit issuance. Requirements: <https://mn.gov/boards/beltss/ald/general/requirements.jsp>

Signature of Applicant Requesting the temporary residency permit

Date

## Facility Information

This section is to be completed by a controlling individual/appointing authority of an Assisted Living facility.

**Facility Name the permit will be issued (this is the name indicated on the MDH Facility license):**

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**MDH Health Facility Identification Number (HFID) #:** \_\_\_\_\_ (five-digit number issued by MDH)

**Is this a NEW facility license:** ☐ YES ☐ NO

Please provide the name of the **LALD or Residency Permit Director** this person is replacing. This would be the person associated as the Director of Record (DOR) with the Board of Executives for Long-term Services and Supports (BELTSS). Only one Director of Record or Residency Permit Director of Record must be listed with BELTSS as providing operational oversight. If this is a new facility, you may leave this blank.

**The previous Director of Record (DOR) with BELTSS:** \_\_\_\_\_

**License or Permit Number of previous DOR:** \_\_\_\_\_

**This person ended employment on:** \_\_\_\_\_ (date last day worked as DOR). This person will be ended as the Director of Record based on the date provided.

(This individual by law should update their Director of Record if licensed as an LALD within five working days of the change in employment).

☐ **(Please check)** I/we understand that we have hired and initially oriented this unlicensed applicant and request this one-year ALDIR permit. The permit is valid for this identified licensed facility only, (or we will apply for a shared ALDIR for multiple sites) and for a maximum period of one year. We also understand the challenges of both being the Director of Record and completing the courses, exams, and field experience, we will support the ALDIR to complete those required items.

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**Controlling Individual/Board Chair/Owner/Appointing Authority – PRINT NAME**

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**Mailing Address:**

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**Controlling Individual/Board Chair/Owner/Authorized Signature**

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**Date**

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**Telephone Number:** \_\_\_\_\_

## Mentor Information

This section is to be completed by the Mentor.

**I agree to Mentor the following individual who is seeking a Residency Permit from BELTSS to serve as the Residency Director of Record for an assisted living facility.**

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Name of ALD Applicant applying for a Residency Permit

**Please read the following statements below and check you attest to understanding each statement:**

☐ I understand as a Mentor I must be a licensed assisted living director or a licensed health services executive by the board AND have been licensed and practicing for at least two years. I agree to the following: 1) I ensure that the ALDIR complies with the domains of practice and NAB training resources 2) ensure that the ALDIR has experience with professional practice analysis; 3) not supervise an ALDIR who is a relative individual or who resides in the immediate household of ALDIR.

☐ I agree to review the self-assessment in determining the hours required for the applicant. The minimum requirement for an applicant is 320 hours and is based on the self-assessment completed by the applicant. For more information on the field experience and mentor resources, please visit the website at <https://mn.gov/boards/beltss/ald/experience/>

☐ I agree to complete a post-evaluation of the ALDIR and provide evidence of the minimum requirement of the duration of the field experience based on the topics identified on the self-assessment completed by the ALDIR. The mentor evaluation may be found on the website at <https://mn.gov/boards/beltss/ald/experience/mentor-resources.jsp>

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**Mentor Printed Name**

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**LALD/LHSE License #**

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**Mentor Email Address**

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**Mentor Phone Number**

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**Mentor Signature**

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**Date**