



**HOME FOR THE AGED/ACLF ADMINISTRATOR
RENEWAL APPLICATION**

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <http://tennessee.gov/health/topic/hcf-professionals>. Please check this website periodically for updates.

Full Name: _____
Last First Middle

Home Address: _____
Street Address

City State Zip Code

Phone Number () Email address: Certification Number

Are you currently an administrator of a Home for the Aged? Yes No

Are you currently an administrator of an Assisted Care Living Facility? Yes No

If you are the administrator of a Home for the Aged and/or Assisted Care Living Facility located in Tennessee, please provide the information below.

Name of Facility: Phone Number []

Street _____

City State Zip Code

IF YOU ARE AN ADMINISTRATOR OF A HOME FOR THE AGED AND/OR ASSISTED CARE LIVING FACILITY, FAILURE TO RENEW YOUR CERTIFICATION COULD RESULT IN DISCIPLINARY ACTION AGAINST THE FACILITIES LICENSE.

VERIFICATION BY APPLICANT:

Signee for application verifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) §68-11-201.

Signee also verifies that a policy has been implemented to inform all employees of their obligation under TCA §71-6-103 to report incidents of abuse or neglect.

Applicant Signature Title or Position Date

CERTIFICATION FEE: \$180.00 (NON-REFUNDABLE)

Division of Health Licensure and Regulation, Office of Health Care Facilities, 665 Mainstream Drive, Second Floor, Nashville, TN 37228-1254