



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 DIVISION OF HEALTH LICENSURE AND REGULATION
 OFFICE OF HEALTH CARE FACILITIES
 665 MAINSTREAM DRIVE, SECOND FLOOR
 NASHVILLE, TENNESSEE 37243
 (615) 741-7221

**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