

APA-1  
07/04

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control 620 Department or Agency Alabama Board of Examiners of Nursing Home Administrators  
Rule No. Appendix A - Form 15  
Rule Title: Application for Temporary Manager  
       New        Amend        XXX Repeal        Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

\*\*\*\*\*  
Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

\*\*\*\*\*  
Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer Matrina G. Magdon  
Date 1/10/12

DATE FILED  
(STAMP)

**Alabama Board of Examiners of Nursing Home Administrators  
4156 Carmichael Road  
Montgomery, Alabama 36106**

**NOTICE OF INTENDED ACTION**

The Alabama Board of Examiners of Nursing Home Administrators intends to adopt amendments to its existing rules and regulations as follows:

<b><u>Rule No. &amp; Title:</u></b>	620-X-2-.01	Definitions
	620-X-5-.09	Temporary Management
	620-X-13-.01	Fees
	620-X-14-.01	Effective Date
	Appendix A Form 4	Application for Renewal of NHA License
	Appendix A Form 15	Application for Temporary Manager

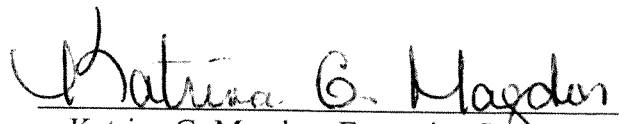
**Intended Action:** The Alabama Board of Examiners of Nursing Home Administrators proposes to amend the following rules: 620-X-2-.01, 620-X-13-.01, 620-X-14-.01, Appendix A – Form 4. The Alabama Board of Examiners of Nursing Home Administrators proposes to repeal the following rules: 620-X-5-.09 and Appendix A – Form 15.

**Substance of Proposed Action:** We are proposing to delete the definition of “Temporary Manager” and all references and forms thereof. The Board is proposing to add the social security number to the renewal form. The Board is also proposing to correct the misspelling of the word “recertification” and add clarification regarding the amount charged for a bad check return fee. The Board will also change the effective date of the rules.

**Time, Place, manner of Presenting Views:** Interested persons may present their views orally or in writing to the executive Secretary of the Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama 36106. Requests for copies of the proposed amendments should be addressed to Katrina G. Magdon, Executive Secretary (334) 271-2342 or can be viewed on the Board web site at [www.alboenha.state.al.us](http://www.alboenha.state.al.us).

**Final Date for Comment and Completion of Notice:** Deadline for comments is March 6, 2012.

**Contact Person at Agency:** Katrina G. Magdon, Executive Secretary, Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama, 36106, (334) 271-2342.

  
Katrina G. Magdon, Executive Secretary

# REPEAL FORM

Appendix A - Form 15

Alabama Board of Examiners of Nursing Home Administrators  
4156 Carmichael Road, Montgomery, Alabama 36106  
(334) 271-2342

## Application for Temporary Manager

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NHA License # \_\_\_\_\_ Date of Issuance \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: (Street) \_\_\_\_\_ (City) \_\_\_\_\_

(State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
*Please give current home address*

TELEPHONE: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

No  Yes  If yes, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses: Not Applicable

License: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
(Title) (Number) (State)  
\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
(Title) (Number) (State)

Have you had any disciplinary action taken against any professional license you hold? No  Yes

If yes, please explain \_\_\_\_\_

Please list the names, addresses, and dates of the facilities in which you have been in direct management control over the last five years. *Please list current facilities first and provide copies of HCFA 2567's or HCFA 2567L's of all facilities listed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your experience that would qualify you to become a temporary manager.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please submit a copy of your current resume.*

Education: *Please submit a copy of all degrees and certificates you have received.*

(a) Please circle the highest grade completed: 6 7 8 9 10 11 12

(b) Did you graduate? Yes  No  Date of Graduation \_\_\_\_\_

(c) Name of High School \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

(d) Name of College or University \_\_\_\_\_

Address \_\_\_\_\_

(e) Degree \_\_\_\_\_

(f) Major undergraduate subjects: \_\_\_\_\_

(g) Major graduate university subjects: \_\_\_\_\_

(h) Other educational training: Name \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Dates attended: \_\_\_\_\_ Certificate Received: Yes  No   
(From - To)

Subjects: \_\_\_\_\_

By making application as a temporary manager, I hereby agree and understand if appointed by HCFA or the State as a temporary manager I will:

Be bonded in an amount equal to the facility's revenues for the month preceding my appointment as a temporary manager;

Not serve if I am related, with the first degree of kinship, to the nursing facility's owner, manager, administrator, or other management principle to the facility to be managed;

Not serve if I have any pecuniary interest in or pre-existing fiduciary duty to the nursing facility to be managed;

Not serve if I currently serve or, within the past two years have served as a member of the staff of the facility to be managed; and

Be able to respond and relocate to the nursing facility to be managed within 48 hours of notice by the Department of Public Health, Division of Licensure and Certification.

I hereby certify that the information listed on this application are true and correct to the best of my knowledge and belief.

In witness whereof, I set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Sworn to and Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

Author: Pam Penland

Statutory Authority: Code of Ala. 1975, §34-20-9

History: January 16, 2001, effective February 20, 2001; Amended: Filed January 10, 2012