



QUALIFIED TEMPORARY MANAGER APPLICATION

[OAC 310:675-15](#)

The following questions must be completed for applicant whether individual or corporation. If a corporation, please fill out for each stockholder, partner, member or officer of said corporation (or entity).

A. Name of Applicant: _____

COMPLETE TABLE I (attached)

B. Address: _____
Street City State Zip

C. Phone numbers where applicant can be reached (fax, mobile, office and home)

D. EMAIL: _____

E. Education:

F. Date of Birth: _____

G. Indicate source of proof of identification and provide a copy: Driver's License ; Birth Certificate Other: _____

H. Names and locations of facilities with which you have been involved; dates of involvement and descriptions of responsibilities and duties and specific deficiencies which required significant corrections in a timely or emergency manner. Include experience as member of staff or manager for two years prior to filing of application. Complete Detail Attachment for F.

I. Felony convictions by applicant (or persons with a controlling interest) and each person to work in the facility or be responsible for resident or facility funds: Yes No

1. If "yes," list convictions: _____
2. Complete and return the Consent and Release Form for your national background check for the applicant and/or each person with a controlling interest to include person who will provide services to the facility.

J. Has applicant or any person with controlling interest had any disciplinary action by any licensing board or professional society in any state:

Yes No If "yes," list where and when, and submit a brief description below.

K. List any financial interest in any facility in Oklahoma on the part of the proposed manager or the manager's immediate family, including the manager's husband or wife, child or sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild, or any person who will provide services to the facility. (Complete a Detailed *Attachment I* for each person)

L. Nursing Home Administrator's Name & License Number (if applicable): _____
Provide a copy of current license.

M. Residential Care Administrator's Name (if applicable): _____
Provide a copy of certificate and annual training of 16 hours as applicable.

As stated in 310:680-3-13. Temporary Mangers: The provisions of OAC 310:675-15 shall apply to the qualification and selection of a temporary manager, except that the temporary manager shall be or employ a residential care home administrator.

N. Provide a list to of all persons who will work at a facility (either by contract or employment of the temporary manager) along with their qualifications and include items C thru I for each.

O. Provide a statement of the expected involvement in the operation of a facility to include the amount of time to be spent by each principle and services to be provided by you or your company as part of temporary manager fee or as additional cost to facility.

P. Provide the basis on which the amount of the fee will be calculated.

AFFIRMATION

By my signature below, I certify that the foregoing is true and correct to the best of my knowledge and belief and also certify that I am not less than twenty-one (21) years of age; of reputable and responsible character; in sound physical and mental health; have not been convicted of a felony in connection with the management or operation of a home, or facility as defined in Section 1-1902 of Title 63 or in the care and treatment of the residents of a home or facility as defined in Section 1-1902 of Title 63 of the Oklahoma Statutes. If the applicant is a firm, partnership or corporation the applicant shall not be eligible to be licensed if any member of the firm or partnership or any officer or major stockholder has been convicted of a felony as cited in the above-mentioned law.

I certify that the foregoing information and the information provided in the attachments to this application are true and complete to the best of my knowledge and belief.

Typed or Printed Name of Person Signing for Applicant

Signature of Applicant/Representative

Name of Corporation, Partnership or Association

Official Title or Position

Address of above listed Official

City

State

Zip

State of

County of

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____

Name(s) of person(s) making statement.

Seal or Stamp:

Signature of Notary Public

My Commission Expires: _____ / _____ / _____

My Commission Number is:_____

DETAIL ATTACHMENT

Submitted as attachment to Item F

This attachment details the name and location of facilities with which applicant or its person with controlling interest has been involved, dates of involvement, and descriptions of responsibilities and duties and specific deficiencies which required significant corrections in a timely or emergency manner. (Duplicate this page as necessary for each facility.)

Name of facility: _____

Street City State Zip (Area Code) Telephone Number

DATE

RESPONSIBILITIES/DUTIES

DEFICIENCIES

(This page may be duplicated as necessary)

DETAIL ATTACHMENT

Submitted as Attachment to Item I

List any financial interest in any facility the proposed manager or its person with a controlling interest or the manager's immediate family, including the manager's husband or wife, child or sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild, or any other person who will provide services to facility.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>NAME OF FACILITY & ADDRESS</u>	<u>TYPE OF INTEREST</u>
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(This page may be duplicated as necessary)

TABLE I. APPLICANT AND PERSONS WITH CONTROLLING INTERESTS

List proposed licensee in the first box.. Place an 'X' for each person or entity to identify whether they are an applicant, board member, or active manager and complete other sections.

Identifying Information		Type of Interest					
Full Name	Business Address	Applicant	Board	Management	Authority Yes or No	Stockholder Or Partner	Officer of Entity and List Office Held