

ADMINISTRATOR AND PROGRAM DIRECTOR INFORMATION

Attach a resume and supporting documents such as a degree, licensure or registration. If a foreign degree, submit equivalency evaluation documentation. For more space, attach an additional page. Type or print clearly.

1. **LICENSEE NAME:** _____
CENTER NAME: _____
POSITION: _____ Administrator _____ Program Director

2. **IDENTIFYING INFORMATION:**
 Name _____ Birthdate _____
 Address _____
 Sex: Male _____ Female _____
 Any other name you have used: _____
 Social Security Number* _____ Driver License Number* _____

3. **EDUCATION**

Name and Location of College Attended	Course Study	Years Completed	Degree	Date

4. **CIVIL RECORD:** Were you ever convicted of an offense other than minor traffic violations?
 Yes _____ (Attach explanatory sheet) No _____
 Has there been judgement against you for fraud, misrepresentation, libel or slander?
 Yes _____ (Attach explanatory sheet) No _____
 Were you ever voluntarily committed or involuntarily detained in any facility or institution?
 Yes _____ (Attach explanatory sheet) No _____

5. **REFERENCES:** For individuals, list only persons with knowledge of your ability to provide care, or control a care facility.

NAME	ADDRESS	RELATIONSHIP
A.		
B.		
C.		

The information provided on this form is mandatory and is necessary for licensure approval. It will be used to determine individual applicants or applicant facility's ability to provide health services. The information is requested by the Department of Health Services, Licensing and Certification, in accordance with Health and Safety Code, Sections 1212, 1253, 1265, 1267.5, and 1728, and California Code of Regulations (CCR), Title 22, Sections 70107, 71107, 73205, 74105, 76205, and 78205.

Failure to provide the information as requested may result in nonissuance of a license or license revocation.

The information is considered public information and will be made available to the public upon request. The information shall be included and maintained in the individual facility's public files located in Licensing and Certification district offices.

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(Continued)

6. BUSINESS EXPERIENCE

A. Have you owned or operated any business? Yes _____ No _____

Type	No. of Employees	Your Title	Start	End	Reason for End

B. Do you have any professional license or certificate? Yes _____ No _____

Type	Period Held	Issuing Agency

C. Are you a member of any professional/technical association? Yes _____ No _____

Association Name	Address

7. EMPLOYMENT SUMMARY (FOR LAST 10 YEARS) ATTACH RESUME (Ensure that the items listed below are included on the resume)

Dates	Name and Address of Employer	Basic Duties	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			

Note: Include activities during period of unemployment.

I declare under penalty of perjury that the statements on this form and any accompanying attachments are correct to the best of my knowledge.

Signature _____ Date _____