



Health Facility Licensing and Certification
 800 NE Oregon Street, Suite 465
 Portland, Oregon 97232
 971-673-0540
 971-673-0556 (Fax)

IHC Administrator Application*

***Please attach resume & background check request form to this application**

| APPLICANT INFORMATION | | | | | |
|-----------------------|--|-------|----------------|------------------|------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | | E-mail Address | | |

| EDUCATION | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

Do you have two or more years of Management* experience in a health related field? YES (continue to section A) NO

*Management experience means the administration, supervision or management of individuals in a health related field, including hiring, assigning, evaluating and taking disciplinary actions (OAR 333-536-0005(13)).

Do you have two or more years of Professional** experience in a health related field? YES (continue to section B) NO

**Professional experience means having a nursing, medical, therapeutic license, certificate or degree used to work in a health related field (OAR 333-536-0005(21)).

SECTION A: MANAGEMENT EXPERIENCE* (USE SEPARATE PIECE OF PAPER IF NECESSARY)

| | |
|---|--|
| Company | Phone |
| Address | Supervisor |
| Job Title | |
| Management duties | |
| From _____/_____/_____ | To _____/_____/_____ |
| Is this a health care related field? | YES <input type="checkbox"/> NO <input type="checkbox"/> What field? _____ |
| May we contact your previous supervisor for verification? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Company | Phone |
| Job Title | |

| | | | |
|---|------------------------------|-----------------------------|-------------------|
| Management duties | | | |
| From | _____ / _____ | To | _____ / _____ |
| Is this a health care related field? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | What field? _____ |
| May we contact your previous supervisor for verification? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Company | | | Phone |
| Address | | | Supervisor |
| Job Title | | | |
| Management duties | | | |
| From | _____ / _____ | To | _____ / _____ |
| Is this a health care related field? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | What field? _____ |
| May we contact your previous supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

SECTION B: PROFESSIONAL EXPERIENCE (USE SEPARATE FORM IF NECESSARY)**

Nursing/Medical/Therapeutic License, Certificate or Degree
(Please include proof of Licensure, Certificate or Degree)

Date received?

License/Certificate Number?

License/Certificate Expiration Date?

Are you currently Licensed/Certified in Oregon? YES NO

Are you currently Licensed/Certified in another state? YES NO What state? _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____

Date _____

FOR HCRQI OFFICE USE ONLY

Administrator Approval

| <u>Name</u> | <u>Approve</u> | <u>Deny</u> | <u>Initials</u> | <u>Date</u> |
|-------------|--------------------------|--------------------------|-----------------|-------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

Reason: _____
