



KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

P.O. Box 1360, Frankfort, Kentucky 40602 - 500 Mero St., 2SC32, Frankfort, Kentucky 40601
(502) 892-4255 - <http://ltca.ky.gov>

WORK VERIFICATION FORM

Please have your **current** supervisor complete this form and submit it with your application for licensure. If your current supervisor cannot verify your management experiences, please have the supervisor of the health care system where your experience in each of the five domains required was obtained complete the form.

Name of Applicant

Name of Employer

Name of Supervisor _____

Facility Type	Hospital <input type="checkbox"/>	Nursing Home <input type="checkbox"/>	Personal Care Home <input type="checkbox"/>	Other
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Dates of Employment	From: / / to / /
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201 KAR 6:020. Section 1(3) requires six (6) months or, if part-time, not less than 1,000 hours within a twenty-four (24) month period, of continuous management experience, with that experience to be completed in a long-term care facility. This experience shall be completed within two (2) years of the date of application or within one (1) year after the filing of the application. The management experience shall include evidence of responsibility for: 1. Personnel management; 2. Budget preparation; 3. Fiscal management; 4. Public relations; and 5. Regulatory compliance and quality improvement. Use additional work verification forms, if necessary, to document the required amount of experience.

Detail below the work experience relative to the **APPLICANT** named above and provide a description of the applicant's experience with personnel management, budget preparation, fiscal management, public relations, and regulatory compliance and quality, and the amount of time spent in each. Attach additional pages if necessary:

Name of person completing form:	
Title:	
Address:	
Contact Phone:	
E-mail:	
Date:	
Signature:	