



HHA Agency Manager Qualification Review Form

ALL AGENCIES EXCEPT HOME HEALTH
Attachment E-Agency Manager Qualification Review Form

If the agency is applying for more than one type of agency, complete an additional Attachment E form for each manager.

- Home Nursing Name
- Home Service Agency Name _____

Address _____

City _____ State _____ ZIP Code _____

Agency Manager Information

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Phone Number (include area code and extension) _____

See Section 245.30 for the requirements for the agency manager.



HHA Agency Manager Qualification Review Form

List applicable professional licenses, registrations and/or certifications currently held with the license number, date of expiration and state that issued the license, registration or certification. **ATTACH A COPY OF YOUR CURRENT ILLINOIS LICENSE IF APPLICABLE. YOUR CURRENT EMPLOYER MUST BE THE AGENCY IDENTIFIED IN THIS APPLICATION.**

Describe your relevant work experience for the last five years.

- (1) List the agency this application applies to as **CURRENT** employer, and work backwards. For INITIAL application, start date can be "upon licensure." Provide intentions at any other positions you may hold (i.e., resigning upon licensure, working part time, if so how many hours per week).
- (2) Give the starting and ending dates (month and year) for each employment and the weekly hours worked.
- (3) Describe the administrative and financial functions performed for **each** position with each agency that qualify you to function as the agency manager of a home services/home nursing agency, home services placement agency, home nursing placement agency.
- (4) Include the names, addresses and telephone numbers of organizations.

You may use an additional sheet of paper to complete this section. Resumes are **NOT** accepted in lieu of completion of this portion of the form.

Current Employer Name _____

Address of Current Employer _____

City _____ State _____ ZIP Code _____

Starting (month and year) _____ Ending (month and year) _____ Total Hours Worked Weekly _____

Duties _____

Previous Employer Name _____

Previous Employer Address _____

City _____ State _____ ZIP Code _____

Starting (month and year) _____ Ending (month and year) _____ Total Hours Worked Weekly _____

Duties _____



HHA Agency Manager Qualification Review Form

Previous Employer Name _____

Previous Employer Address _____

City _____ State _____ ZIP Code _____

Starting (month and year) _____ Ending (month and year) _____ Total Hours Worked Weekly _____

Duties _____

Have you ever been convicted of a criminal offense? Yes No

Are there any pending or administratively resolved issues concerning your professional license in Illinois or in another state?

Yes No

If you answered "yes" to either or both of the above statements, please describe the criminal offense and/or the pending or administratively resolved licensure details in detail, including the state of administrative action (Section 245.130b)2). You may attach an additional sheet of paper if necessary for the explanation.

I signify that the information contained in this form is true and correct to the best of my knowledge and belief. I realize that misrepresentation of this information at any time may be cause for denial of this application, or future revocation of a license.

Signature of Applicant (Original Signature)

Date

ATTACH A COPY OF YOUR CURRENT ILLINOIS LICENSE, IF APPLICABLE