ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services and Quality Assurance

Application for Psychiatric Residential Treatment Facility (PRTF) Administrators

The information contained herein, together with all attached documents will be regarded as property of the Department. Release of this information is governed by the Freedom of Information Act.

Please indicate application type: New Applicant **Reciprocity Applicant** Previous Applicant **SECTION 1: PERSONAL INFORMATION** Last Name First Name Middle Initial Mailing Address Zip Code City State Primary Telephone Cell Home Work Date of Birth Email Address Place of Birth (City, State) Based on the Workforce Freedom Act of 2021, an occupational or professional licensing entity shall grant an occupational or professional license to an individual who fulfills the requirements of the occupation or profession in this state and is a person who holds a Federal Form 1-766 United States Citizenship and Immigration Services-issued Employment Authorization Document, known as a "work permit." Reference A.C.A. §17-1-110 Are you a U.S. Citizen? Ves No ■ I hold a Federal Form I-766 (please attach to application) The Arkansas Occupational Licensing of Uniformed Service Members, Veterans, and Spouses Act of 2021 removes occupational licensure barriers that may impede the launch and sustainability of civilian occupational careers and employment faced by uniformed service members, uniformed service veterans, and their spouses due to frequent uniformed service assignments. Reference A.C.A. §17-4-106 Are you qualified to receive a military exemption? Yes No N/A Select military status, if applicable (please attach supporting documentation to application)

I am a uniformed service member stationed in the State of Arkansas.

■ I am a service veteran who resides in or establishes residency in the State of Arkansas and makes an application within one (1) year of discharge from uniformed service.

I am the spouse of:

a uniformed service member stationed in the State of Arkansas

a service veteran who resides in or establishes residency in the State of Arkansas

a uniformed service member who is assigned a tour of duty that excludes the uniformed service member's spouse from accompanying the uniformed service member and the spouse relocates to the State of Arkansas; or

a uniformed service member who is killed or succumbs to injuries or illnesses in the line of dutyif the spouse establishes residency in the State of Arkansas

SECTION 2: RECIPROCITY STATUS

Per A.C.A. §17-7-104, applicants currently licensed as a Psychiatric Residential Treatment Facility Administrator in good standing within another state shall be granted an automatic license if the applicant does not have a disqualifying criminal offense and does not have a complaint, allegation, or investigation pending for his or her occupational activity.

Have you ever applied for a Psychiatric Residential Treatmen	nt Facility Administrator (PRTF) license in another state?
YES 🔲 NO 🔲	
Do you currently hold a PRTF Administrator license, in good	l standing, in another state? 🔳 YES 🔳 NO
Please indicate which states and license number as applicable	e (please attach supporting documentation to application)
STATE OF LICENSURE	LICENSE NUMBER

Has your license	, in any state	e listed above,	ever been	subject to	discipline?	YES	NO

If yes, please explain and attach a copy of any settlement agreement, contract, etc. that you entered at the time of the discipline, if applicable:

Have you ever been denied licensure in another state? If yes, please explain:

YES 🗖

NO

SECTION 3. PSVCHIATR	IC RESIDENTIAL TREATMENT FACILITY EXPERIENCE
Are you currently working in a Psychiatri	
Treatment Facility?	Position/Title:
YES NO	
List Specific Job Duties:	
	tric Residential Treatment Facility facility?
	have previously worked. Print additional pages if necessary.
Name of Facility:	
Facility Address:	City/State/Zip:
Position/Title:	Employment Dates:
List Specific Job Duties:	
Name of Facility:	
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Facility Address: Position/Title:	City/State/Zip:
	Employment Dates:
List Specific Job Duties:	

SI	ECTION 4: EMPLOYMENT HISTORY
	en (10) year period prior to this application. Do not duplicate the information in
Section 3 above. Print additional pages i	f necessary.
Name of Organization:	
Address:	City/State/Zip
Position/Title:	Name/Title of Supervisor:
Employment Dates:	Reason for Leaving:
List Specific Job Duties:	
Name of Organization:	
Address:	City/State/Zip
Position/Title:	Name/Title of Supervisor:
Employment Dates:	Reason for Leaving:
List Specific Job Duties:	
Name of Organization:	
Address:	City/State/Zip
Position/Title:	Name/Title of Supervisor:
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Name of Organization:	
Address:	City/State/Zip
Position/Title:	Name/Title of Supervisor:
Employment Dates:	Reason for Leaving:
List Specific Job Duties:	
SI	ECTION 5: EDUCATIONAL RECORD
	nust present satisfactory evidence of sufficient education, training, or experience; or satisfactorily course of instruction and training prescribed by the Department.
	l experience and attach supporting documentation and official transcripts to the
application.	
Bachelor's Degree (BS or BA) or higher	r in child development, psychology, sociology, social work, guidance and
counseling, education, administration, b At least two (2) years of experience i	usiness, or a related field with: n a health-related field within the past five (5) years, or

An employee with at least fifteen (15) years of executive level PRTF experience.

Please complete the following educational record as applicable to your selection						
	HIGH SCHOOL	COLLE	GE	GRADUATE SCH	OOL	OTHER
Name						
Location						
Dates of Attendance						
Grades,Years, or Hours Completed						
Type of Degree, Diploma, Certificate and Year Received						
Field of Study						
Please include any add	itional licenses or certif	ications releva	nt to your a	pplication, if applic	able	
			-			
	S	ECTION 6: R	EFEREN	CES		
	le at least three (3) profe vork experience, conduc					
NAME	ADDR	ESS		NG HAVE THEY OWN YOU	РНО	NE NUMBER
	SI	ECTION 7: BA	ACKGRO	UND		
Have you ever been convicted for any violation of any law other than minor traffic violation? 🔲 YES 🔲 NO						
Do you have any substa	antiated history of exclu	ision from Mee	dicare or M	ledicaid programs?	V	ES NO

noh somedne to or hen joud guite of glene and within the strate h are east in the State of Alexana or of any similar affines h a courter is another state or of any similar affines h a courter Network where the comprehensive Cranical Record Network State or of any similar affines h a courter Network of 2013. Note: In the find edgree and second degree; A) Mandangher; B) Second and State or and second degree; B) Second and State or an second edgree; B) Second and State or an second edgree; B) Second and State or an second edgree; B) Second and State or State or an second edgree; B) Second and State or State or Alexand State or S	Per A.C.A. §17-3-102, an individual is not eligible to receive or hold a li	cense issued by the licensing entity if that individual has plead guilty or			
Non Non 1) Cipital marder: 1.1 Cipital marde: 1.1 Cipital marder: <	nolo contendere to or been found guilty of offense noted within the statute	by any court in the State of Arkansas or of any similar offense by a court			
Have you been plead guilty, nolo contendere or been found guilty of any offense noted below? YES NO 10 (aptial marker; 2) Murder in the first degree and second degree; 3) Manulagiter; 4) Negligent homicide: 5) Kalumping: 6) False imprisonment in the first degree; 10) Angrey in the first degree; 11) Aggrey and sealing: 10) Aggrey and robery; 10) Angrey in the first degree; 11) Aggrey and sealing: 12) Market obbery; 10) Aggrey and sealing: 11) Aggrey and sealing: 12) Market obbery; 10) Aggrey and sealing: 11) Aggrey and sealing: 12) Aggrey and sealing: 13) Angrey in the first degree; 14) Aggrey and sealing: 15) Regression for a complexe of the degree; 16) Sealing assault: 17) Regression for a degree, second degree, third degree; 18) Secual assault in the first degree, second degree; and fourth degree; 19) Interver, increasing with a the first degree; 10) Angrey and the degree of a minor; 21) Endogree the voltar of a minor in the first degree; 22) Endougering the wolfar of a minor in the first degree; 23) Fermiting the about of a shift in the first degree; 23) Fermiting the about of a shift in the first degree; 23) Endougering the voltar of a minor; 23) Fermiting the voltar of a minor; 23) Fermiting the about of a shift in the first degree; 23) Fermiting the about of a shift in the first degree; 23) Fermiting the voltar of a minor; 23) Fermiting the voltar of a minor; 23) Ferdiage and the first degree; 23) Ferdiage and the degree of a minor; 23) Ferdiage and the first degree; 23) Ferdiage	in another state or of any similar offense by a federal court, unless the co	nviction was lawfully sealed under the Comprehensive Criminal Record			
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(13) Aggravited assault upon a law enforcement officer or an employee of a correctional facility, if a Class Y felony; (14) Terroristic threatening in the first degree; (15) Rape; (16) Sexual indecency with a child; (17) Sexual essault in the first degree, second degree, third degree, and fourth degree; (19) Incest; (20) Offenses against the family; (21) Indangering the welfare of a minor in the first degree; (22) Findangering the welfare of a minor in the first degree; (23) Fermiting the abuse of a minor; (24) Engaging children in sexually explicit conduct for use in visual or print media (transportation of minors for prohibited sexual conduct, pandering, or producing, directing, or promoting a sexual performance by a child; or use of a child or consent to use of a child in a sexual performance by a robusting, directing, or promoting a sexual performance by a child; or use of a child or consent to use of a child in a sexual performance by a child; or use of a child or consent to use of a child in a sexual performance by robusting, directing, or promoting a sexual performance by a child; or use of a child or consent to use of a child in a sexual performance by a child; or use of a child or consent to use of a child in a sexual performance by robusting, directing, or promoting a sexual performance by a child; or use of a child or consent to use of a child in a sexual performance by robusting, directing, or promoting a sexual performance by a child; or use of a child or consent to use of a child in the first degree; (23) Thethy receiving; (34) Thethy graduit abuse; (35) Felory violation of the Uniform Controlled Subtances Act, § 5-64-101 et seq; (35) Felory violation of prostitution in the first degree; (36) Aroro; (37) Felory adult abuse; (38) Theth property; (39) Theth proverty; (39) Theth proverty; (39) Theth proverty; (39) Thethy are calculated to engree to the					
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Sworn to and subscribed before me by the above this	day of	, 20
Notary Public		
Signature	County	State
	Date My Comm	uission Expires

The Americans with Disabilities Act ensures that any person with disabilities will be afforded reasonable accommodations for testing and/or examination purposes. If you have a disability and may require some accommodations in taking examinations, you must request a "Request for Accommodation" form to be filed with this application. If accommodations are not requested forty-five (45) days in advance, we cannot guarantee the availability of accommodation on site. Contact the Office of Long-Term Care for the "Request for Accommodation" form.

If you are requesting consideration of your application for reciprocity under Section 1 of this application based upon military status, please submit the following documentation:

- Form DD214-DD 214/Separation Documents
- Interstate Transfer Form/Reciprocity Request
- Image/copy of individuals social security card
- Image/copy of valid US government issued photo identification; and
- Proof of service education, training, experience, and service-issued credentials by means of a Joint Service Transcript (JST).

The Department may require evidence of the completion of continuing education before granting a subsequent Administrator licensure or authorizing the renewal of an Administrator licensure to allow full or partial exemption from continuing education requirements.

OFFICE USE ONLY	Approved Based on	Denied	
OFFICE USE ONLY	Date	Reviewed By	