



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

License # _____

Home Service

Agency Name _____

Address _____

City _____ State _____ Zip Code _____

Agency Manager Information

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Phone Number (include area code and extension) _____

See Section 245.30g for the requirements for the agency manager

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.

Describe your relevant work experience:

Previous Employer Name _____

Address of Previous Employer _____

City _____ State _____ Zip Code _____

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

Duties _____



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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 / Agency Manager
(Original Signature)

Date