State of Illinois
Illinois Department of Public Health

**HHA Agency Supervisor Qualification Review Form**

## HOME HEALTH AGENCY ONLY
## Attachment B - Agency Supervisor Qualification Review Form

Section 245.30 of the 77 Illinois Administrative Code requires this position to be filled by an individual who is a registered nurse who has completed a baccalaureate degree in Science of Nursing (BSN) program and has at least one year of nursing experience as a BSN; or a registered nurse without a baccalaureate degree, who has at least three years of nursing experience as an Registered Nurse within the last five years (two of those years in a home health agency, a community health program caring for the sick, or a family centered nursing program in a community health agency). Section 245.20 defines a registered nurse as a person currently licensed as an Registered Nurse under the Illinois Nursing Act.

Agency Name _____ License Number _____

Address _____

City _____ State _____ ZIP Code _____

Agency Supervisor Information

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Phone number (include area code and extension) _____

**Section 245.30 requires that the agency supervisor must be a Registered Nurse.**

Indicate the highest educational level obtained:

○ ADN ○ Diploma R.N. ○ B.S.N. ○ B.A. ○ B.S. ○ Master's ○ Doctorate

Please list the college(s) attended, the address, date of graduation, specialty and degree obtained.

Name of College _____

Address of College _____

City _____ State _____ ZIP Code _____

Date of Graduation _____ Specialty/Degree _____

Name of College _____

Address of College _____

City _____ State _____ ZIP Code _____

Date of Graduation _____ Specialty/Degree _____

**Please list the high school attended, the address, and date of graduation.**

Name of High School _____ Date of Graduation _____

Address of High School _____

City _____ State _____ ZIP Code _____

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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. YOUR CURRENT EMPLOYER MUST BE THE AGENCY IDENTIFIED IN THIS APPLICATION. Please include a letter of intentions with this application (the agency supervisor is required to be full time upon licensure. Provide documentation that the applicant is resigning present employment upon licensure, or if working part time elsewhere, the applicant's other employment is outside the agency's hours of operation).**

**Describe your relevant work experience for the last five years.**
(1) List your most recent position with **THIS AGENCY FIRST** and work backward.
(2) Give the starting and ending dates (month and year) for each employment and the weekly hours worked.
(3) Describe the administrative functions performed for each position, with each agency, that qualify you to function as the agency supervisor of a home health 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 _____

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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Previous Employer Name _____

Address of Previous Employer _____

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 issues in detail, including the state of administrative action [Section 245.130 b) 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 Only)** **Date**