

# Notification and Request for Approval of Unlicensed Acting Administrator

## 10 NYCRR Section 415.26 – Organization and administration

415.26(a)(1) -- No nursing home shall operate unless it is under the supervision of an administrator who holds a currently valid nursing home administrator's license and registration, or temporary license, issued pursuant to Article 28-D of the Public Health Law.

Provider Name		Current Administrator of Record	
Address		Reason for Request	
PFI #	Number of Certified Beds		
Proposed (Supervisory) Administrator of Record (identify any other current provider affiliations, along with the number of hours worked)		Proposed Unlicensed Acting Administrator (identify current role with provider or attach resume if not affiliated with provider)	
Recruitment Plan (describe)			
Onsite Supervision Plan (describe)			
10 NYCRR Section 415.26(3)(c) requires a minimum of 4 hours of onsite supervision weekly during normal business hours unless the Department of Health determines that more hours are necessary.			
Name(s) of alternate administrator(s) in place for all hours that the administrator of record is absent from duty to ensure that all shifts, 24 hours a day, 7 days a week, are covered by administrative supervision (include shift information)			
Period of Coverage (Maximum: 3 months)		Extension (Maximum: 3 months)	
		Note: Failure to appoint a licensed and currently registered Nursing Home Administrator prior to expiration of the extension may result in a citation.	

## AFFIRMATION

**This notification is being submitted in accordance with 10 NYCRR Title 10 Section 415.26(a)(3). I attest that there is no other licensed and registered person in the facility available, capable and willing to accept the position as Nursing Home Administrator.**

Name of Authorized Representative (please print)		Title	
Signature of Authorized Representative			Date

## Office Use Only

Approved	
<input type="checkbox"/> Yes	If Yes with conditions, indicate conditions _____
<input type="checkbox"/> No	If No, indicate basis _____
Signature of Regional Office Representative (reviewer)	
Date	