

APPLICATION FOR LONG-TERM CARE OMBUDSMAN CERTIFICATION

PSA Number		-		Date of Birth (MM/DD/YYYY)		/		/			
Last Name								M	<input type="checkbox"/>	F	<input type="checkbox"/>
First Name								Middle Initial			
Street Address						Phone		-		-	
City, State						Zip Code		-		-	

Volunteer or Staff Long-Term Care Ombudsman Information:

Are you a paid staff member?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Number of staff hours worked per month:	
Are you a volunteer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Number of volunteer hours per month:	

Occupation: (Check Primary Occupation)

Retired:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
Medical	<input type="checkbox"/>	Business	<input type="checkbox"/>	Education	<input type="checkbox"/>	Clerical	<input type="checkbox"/>	Technology	<input type="checkbox"/>	Government	<input type="checkbox"/>
Financial	<input type="checkbox"/>	Social Services	<input type="checkbox"/>	Engineer	<input type="checkbox"/>	Military	<input type="checkbox"/>	Homemaker	<input type="checkbox"/>		
Other (Specify)											

How did you find out about the Long-Term Care Ombudsman Program?

Newspaper	<input type="checkbox"/>	AARP	<input type="checkbox"/>	Relative/Friend in a Facility	<input type="checkbox"/>	Community Awareness Event	<input type="checkbox"/>
Other (Specify)							

Education:

High School	<input type="checkbox"/>	Some College	<input type="checkbox"/>	College BS/BA	<input type="checkbox"/>	Postgraduate	<input type="checkbox"/>
Other (Specify)							

Certification Prerequisites:

Have you signed a Conflict of Interest Statement?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever owned or been employed by a long-term care facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, indicate dates and position:				
Have you signed a Statement of Confidentiality?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you signed the Requirement for Criminal Background Clearance form?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you signed a statement that you are aware that you are a mandated reporter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had a conservator appointed for you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I hereby certify that I have received a minimum of 36 hours of classroom Long-Term Care Ombudsman Certification training and will complete 12 hours of additional training annually to maintain my certification. I will submit fingerprints for a background investigation and have no conflict of interest which prevents my objective investigation of complaints made by or on behalf of residents of long-term care facilities.

Signature of Applicant

____ / ____ / ____
Date

OSLTCO USE ONLY

Criminal Record Clearance: Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date	____ / ____ / ____	Ombudsman ID #	
Decertified <input type="checkbox"/>	Decertified with Cause <input type="checkbox"/>	Decertified Due to Background Check	<input type="checkbox"/>	Date	____ / ____ / ____