



QUALIFIED TEMPORARY MANAGER APPLICATION

The following questions must be completed for applicant whether individual or corporation. If a corporation, please fill out for each stockholder, partner, member or officer of said corporation (or entity).

I. Name of Applicant: _____

COMPLETE TABLE I (attached)

A. Address: _____
Street
City
State
Zip

B. Phone numbers where applicant can be reached (fax, mobile, office and home)

EMAIL: _____

C. Education: _____

D. Age: _____

Furnish copy of proof of identification: ___ Driver's License ___ Birth Certificate ___ Other (specify)

E. Names and locations of facilities with which you have been involved; dates of involvement and descriptions of responsibilities and duties and specific deficiencies which required significant corrections in a timely or emergency manner. Include experience as member of staff or manager for two years prior to filing of application. Complete Detail Attachment for F.

F. Felony convictions by applicant (or persons with a controlling interest) and each person to work in the facility or be responsible for resident or facility funds: ___ Yes ___ No

1. If "yes," list convictions: _____
2. Submit, as an attachment, results of OSBI criminal arrest record convicted within 30 days of application submittal for applicant and each person with a controlling interest to include person who will provide services to the facility.

G. Has applicant or any person with controlling interest had any disciplinary action by any licensing board or professional society in any state:

___ Yes ___ No If "yes," list where and when, and submit a brief description below.

H. List any financial interest in any facility in Oklahoma on the part of the proposed manager or the manager's immediate family, including the manager's husband or wife, child or sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild, or any person who will provide services to the facility. (Complete a Detailed Attachment I for each person)

DETAIL ATTACHMENT

Submitted as attachment to Item F

This attachment details the name and location of facilities with which applicant or its person with controlling interest has been involved, dates of involvement, and descriptions of responsibilities and duties and specific deficiencies which required significant corrections in a timely or emergency manner. (Duplicate this page as necessary for each facility.)

Name of facility: _____

Street City State Zip (Area Code) Telephone Number

DATE

RESPONSIBILITIES/DUTIES

DEFICIENCIES

(This page may be duplicated as necessary)

TABLE I. APPLICANT AND PERSONS WITH CONTROLLING INTERESTS

List proposed licensee in the first box.. Place an 'X' for each person or entity to identify whether they are an applicant, board member, or active manager and complete other sections.

Identifying Information		Type of Interest					
Full Name	Business Address	Applicant	Board	Management	Authority Yes or No	Stockholder Or Partner	Officer of Entity and List Office Held