



## AFFIDAVIT OF COMPLIANCE WITH Operator Requirements for Specialized Alzheimer's Center

**Authority:** This form may be used by to comply with the attestation requirements of **section 429.918(5)(b), Florida Statutes**, which state that the owner of an adult day care center must sign an affidavit under penalty of perjury stating that he or she has verified that the operator, and the operator's designee has completed the education and experience requirements to be an operator.

**Operator/Designee Name:**

**Adult Day Care Center Name:**

**Adult Day Care License Number:**

I hereby attest that my operator/operator designee meets the requirements to be the operator of a Specialized Alzheimer's Services Adult Day Care Center. The qualifications are met by one of the following:

- The operator or operator designee has a bachelor's degree in health care services, social services, or a related field, 1 year of staff supervisory experience in social services or health care services setting, and a minimum of 1 year of experience in providing services to persons who have dementia
- The operator or operator designee is a registered or practical nurse licensed in this state, have 1 year of staff supervisory experience in a social services or health care services setting, and have a minimum of 1 year of experience in providing services to persons who have dementia
- The operator or operator designee has 5 years of staff supervisory experience in social services or health care services setting and a minimum of 3 years of experience in providing services to persons who have dementia.

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# Affidavit

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Under penalty of perjury, I, \_\_\_\_\_, hereby swear or affirm that my operator or operator designee meets the qualification requirements for employment as required the standards set forth in Chapter 429.918, F.S.

\_\_\_\_\_  
Owner/Corporate Officer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date