



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

AUTHORITY: Pursuant to Section 429.918(5)(b), Florida Statutes (F.S.) this form may be used by the owner of the adult day care center to attest under penalty of perjury that he or she has verified that the operator, and the operator's designee, if any, have complied with the education and experience requirements of this subsection to qualify as an operator of a designated specialized Alzheimer's services adult day care center.

Name of Adult Day Care Center:

License Number:

Name of Operator/Designee:

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

Affidavit

Under penalty of perjury, I, _____, hereby swear or affirm that my operator and operator designee, if any, meet the education and experience requirements set forth in Chapter 429.918, Florida Statutes (F.S.).

Signature of Licensee or Authorized Representative

Title

Date

Send completed forms to: Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop 30, Tallahassee, FL 32308 or email completed forms to: assistedliving@ahca.myflorida.com

Questions?

Review the information available at <http://ahca.myflorida.com/>

or contact the Assisted Living Unit at:

Phone: (850) 412-4304

Fax: (850) 922-1984

Email: assistedliving@ahca.myflorida.com