



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

Community Care Licensing Division – Administrator Certification Section
744 P Street, M.S. 9-14-47, Sacramento, CA 95814
Main Line (916) 653-9300 Fax (916) 654-1808



EDMUND G. BROWN JR.
GOVERNOR

REQUEST FOR EXTENSION OF EXAMINATION/APPLICATION

Per Title 22, California Code of Regulations section 84064.2(i) (Group Homes); 85064.2(i) (Adult Residential Facilities); or 87406(i) (Residential Care Facilities for the Elderly):

“Time deadlines ... may be extended up to sixty (60) days in total for good cause as determined by the Department. Any request for an extension of time shall be made in writing to the Administrator Certification Section Manager within sixty (60) days of completing the Initial Certification Training Program and shall contain a statement of all facts the applicant believes constitute good cause to extend a time deadline.”

Good cause may include death of an immediate family member, required fulfillment of military service or other civic duty, or another unavoidable and verifiable event as determined by the Department. Failure of the exam shall not constitute good cause for an extension.”

Name: _____
(First Name) (Middle Name) (Last Name)

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

Certificate Number (if applicable): _____

Please check one of the following boxes and provide an explanation in detail of the circumstances in which you could not pass your exam/submit your application by the time deadline. Describe what steps will be taken or have been taken to comply with the deadline.

- I am unable to comply with regulation section 84064.2(b)(2) for Group Homes, 85064.2(b)(2) for Adult Residential Facilities, or 87406(b)(2) for Residential Care Facilities for the Elderly which state that *to receive his/her certificate an applicant shall:*

“Unless exempted by Section 87406(a)(1) or (a)(2), pass a written exam developed and administered by the Department within sixty (60) days of completion of an Initial Certification Training Program and within three (3) attempts.”

- I am unable to comply with regulation section 84064.2(b)(3) for Group Homes, 85064.2(b)(3) for Adult Residential Facilities, or 87406(b)(3) for Residential Care Facilities for the Elderly which state that *to receive his/her certificate an applicant shall:*

“Submit a completed Application for Administrator Certification form LIC 9214 to the Department’s Administrator Certification Section within thirty (30) days of being notified of having passed the exam, or [for RCFE applicants] if the applicant is exempt from taking the written exam, within thirty (30) days of completing the Initial Certification Training Program.”

Specify in detail the facts that establish good cause in support of your request. (You may attach additional pages if necessary.)

In addition to the explanation above, please submit the following with this form:

- Copy of your Initial Certification Training Program certificate
- Documentation supporting your good cause (e.g., copy of funeral brochure, death certificate, plane tickets, hospital documentation), if applicable.

Applicant's Signature: _____ Date: _____

When all required documents are received, ACS will provide the applicant a written decision either granting or denying the request for an extension. You are encouraged to visit the Administrator Certification Section website at www.cclid.ca.gov/PG471.htm for the laws, regulations, forms and other information regarding obtaining an administrator certificate.

Extension Requests can be submitted via:

Mail: CDSS - Administrator Certification Section
Attn: Exam Extension Requests
744 P Street, MS 9-14-47
Sacramento, CA 95814
E-mail: admindcertinfo@dss.ca.gov
OR Fax: (916) 654-1808

DO NOT WRITE BELOW THIS LINE

Request has been <input type="checkbox"/> approved OR <input type="checkbox"/> denied by:	Date:
Notes:	