



APPLICATION FOR CREDENTIAL FOR A QUALIFIED RESIDENTIAL TREATMENT PROGRAM

☐ Initial Application ☐ Relicensure ☐ Amendment

Date of Application: _____

Pursuant to 65C-46 Florida Administrative Rule, application is hereby made to:

_____ Operate a credentialed Qualified Residential Treatment Program, that provides treatment, care, and supervision for children or youth serious emotional or behavioral disorders or disturbances.

☐ 24-hour shift staff, or ☐ House Parent

☐ Agency is owned or run by the County, State, or Government with ☐ more than 25 beds.

☐ Agency is located on a campus setting.

Agency Name: _____

Also Known As: _____

Main Office Address: _____

Facility Address: _____

Applicant's (Licensee) Name: _____

Not for Profit Agency (Y/N): _____

Medicaid Provider (Y/N): _____

Accreditation Type: _____

Federal Tax ID Number: _____

Date of Accreditation renewal: _____

Capacity Requested: _____

Contact Information

Name

Phone Number

Email Address

Licensee:

Primary Contact:

Program Director:

Have you ever served as a board member, executive director, or other office of an agency that failed to secure a license or where the license was revoked? ☐ No ☐ Yes, _____

If yes, please list your role, agency name and State.

Please list additional facilities that are overseen by the licensee:

If space is required for additional locations, please provide information on an additional page of this application.

Name of Facility (If different from above)	Address	City, State, Zip Code	County	Subtype
1.				
2.				
3.				
4.				

5.				
6.				
7.				
8.				

I understand the following responsibilities, as the applicant for a credential issued by the Department, includes but is not limited to the following:

- Ensure compliance with Florida Statutes 409.175 and Florida Administrative Code 65C-14 applicable to the child-caring agency credential standards identified for the location.
- Ensure timely response and action to resolve all identified licensing deficiencies or corrective actions involving the primary or satellite offices listed on this application.

I further understand that failure to oversee and comply with these responsibilities may impact the status of this child-caring agency credential license.

Applicant (Licensee) Signature

Date

Applicant (Licensee) Signature

Date