



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

In accordance with regulation sections 84064.2(g) Group Homes; 85064.2(g) Adult Residential Facilities; or 87406(g) Residential Care Facilities for the Elderly:

*“Time deadlines may be extended for good cause as determined by the Department. Any request for extension of time shall be in writing and shall contain a statement of all facts the applicant believes constitute good cause to extend time.”*

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. **(Please note: The Administrator Certification Section does not grant extensions for failing the exam.)**

I am unable to comply with the Title 22 regulation, section 84064.2(b)2 for Group Home facilities, 85064.2(b)2 for Adult Residential Facilities, or 87406(b)2 for Residential Care Facilities for the Elderly which state:

*“To receive his/her certificate an applicant shall:  
Unless exempted by Section 87406(a)(1) or (a)(2), pass a written test administered by the Department within sixty (60) days of completion of an Initial Certification Training Program.”*

I am unable to comply with the Title 22 regulation, section 84064.2(b)3 for Group Home facilities, 85064.2(b)3 for Adult Residential Facilities, or 87406(b)3 for Residential Care Facilities for the Elderly which state:

*“To receive his/her certificate an applicant shall:  
Submit an application to the Department’s certification section within thirty (30) days of being notified of having passed the test, or if the applicant is exempt from taking the written test, within 30 days of completing the certification training.”*

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

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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 (ie. copy of funeral brochures, death certificates, plane tickets, hospital documentation, etc.), 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 within 10 business days. You are encouraged to visit the Administrator Certification Section website at <http://cclid.ca.gov/PG471.htm> for information regarding requirements, rules, and regulations for obtaining an administrator certificate.

**Extension Requests can be submitted via:**

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

**FOR OFFICIAL USE ONLY, DO NOT WRITE IN THIS BOX.**

Notes:  APPROVED  DENIED

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Analyst Name: \_\_\_\_\_ Date: \_\_\_\_\_