

Designated Coordinator and Designated Manager Verification Form

Per 245A.04, the application must be made on the forms and in the manner prescribed by the commissioner. The authorized agent must complete this Designated Coordinator and Designated Manager Verification Form completely as **a resume will not be accepted**.

Per [Minnesota Statutes 245D.081](#), all license holders must have an individual(s) assigned the position and responsibilities of Designated Coordinator and Designated Manager.

Designated Coordinator

Please print the name of your Designator Coordinator here: _____

Review the responsibilities and qualifications of the Designated Coordinator by clicking the hyperlink above.

You must use the space below to describe this individual’s experience and understanding of licensing requirements and how this person is competent to perform the Designated Coordinator duties as required.

Employment History for the Designated Coordinator

In addition to filling out the section above, you must also complete the employment history section below for the Designated Coordinator:		
Employment History for the Designated Coordinator		
Current Employer		
Name of Employer:		
Name of Supervisor:		
Phone Number:		
Address:		
City, State, Zip		
Dates of Employment:	From:	To:
Position Title:		
Key Duties:		
Employment History		
Name of Employer:		
Name of Supervisor:		
Phone Number:		
Address:		

City, State, Zip		
Dates of Employment:	From:	To:
Position Title:		
Key Duties:		
Employment History		
Name of Employer:		
Name of Supervisor:		
Phone Number:		
Address:		
City, State, Zip		
Dates of Employment:	From:	To:
Position Title:		
Key Duties:		
Employment History		
Name of Employer:		
Name of Supervisor:		
Phone Number:		
Address:		
City, State, Zip		
Dates of Employment:	From:	To:
Position Title:		
Key Duties:		

Education Verification for the Designated Coordinator (if applicable)

Education for the Designated Coordinator (if applicable)	
College/University Name:	
Address:	
City, State, Zip	
Number of years completed:	
Did you graduate?	
Degree/diploma earned:	
Special Skills:	
Professional licenses, Certifications, or Registrations:	

Attach additional pages if needed.

Designated Manager

Please print the name of your Designator Manager here: _____

The Designated Manager is responsible for maintaining a current understanding of the licensing requirements sufficient to ensure compliance throughout the program and must be competent to perform the duties as required. Review the responsibilities and qualifications of the Designated Manager by clicking the hyperlink above.

You must use the space below to describe this individual’s experience and understanding of licensing requirements and how this person is competent to perform the Designated Manager duties as required.

In addition to filling out the sections above, you must also complete the employment history sections below for the Designated Manager		
Employment History for the Designated Manager		
Current Employer		
Name of Employer:		
Name of Supervisor:		
Phone Number:		
Address:		
City, State, Zip		
Dates of Employment:	From:	To:
Position Title:		
Key Duties:		
Employment History		
Name of Employer:		
Name of Supervisor:		
Phone Number:		
Address:		
City, State, Zip		
Dates of Employment:	From:	To:
Position Title:		
Key Duties:		

Employment History		
Name of Employer:		
Name of Supervisor:		
Phone Number:		
Address:		
City, State, Zip		
Dates of Employment:	From:	To:
Position Title:		
Key Duties:		

Education for the Designated Manager (if applicable)	
College/University Name:	
Address:	
City, State, Zip	
Number of years completed:	
Did you graduate?	
Degree/diploma earned:	
Special Skills:	
Professional licenses, Certifications, or Registrations:	

Attach additional pages if needed.

Acknowledgement

It is the responsibility of the Authorized Agent to verify that all work experience and education provided above is accurate and correct before signing and submitting this form.

By signing this acknowledgement, you are verifying that you have:

- reviewed the Designated Coordinator and Designated Manager responsibilities and qualifications in Minnesota Statutes 245D.081; and
- reviewed all information provided in this document regarding experience and education and attest it is true to the best of your knowledge.

All information provided is subject to verification by DHS. Providing any false or misleading information is subject to denial of your application according to 245A.05.

Designated Coordinator Signature: _____ Date: _____

Designated Manager Signature: _____ Date: _____

Authorized Agent Signature: _____ Date: _____

**Handwritten signatures are required.*