APPLICATION FOR RENEWAL OF NURSING HOME ADMINISTRATOR LICENSE

NORTH DAKOTA BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

SFN 60369 (10-2023)

INSTRUCTIONS

A. Complete all applicable items. Type or print legibly. This form may be completed online, but must be printed and mailed for submission.

B. **Enclose:**

1. Annual fee of $250. Checks payable to the North Dakota Board of Examiners for Nursing Home Administrators (NDBOENHA). Renewal fee is not refundable.

2. A copy of NAB CE Registry Report showing your education or copies of your certificate of attendances from educational training you have attended.

3. Any other documentation specifically required by an item in the Application for Renewal.

C. Mail or deliver the Application for Renewal and supporting documentation to the North Dakota Board of Examiners for Nursing Home Administrators, 1900 N. 11th St, Bismarck, ND 58501. Applications and application fee need to be received by December 31.

D. If you apply for inactive license status, it is not necessary to meet the continuing education requirement. If you are granted inactive license status, you may not act or serve in the capacity of a nursing home administrator.

E. Twenty hours of continuing education must be obtained each calendar year except during the first year of licensure, a licensee must obtain:

1. Twenty hours of continuing education if licensed before April 1;
2. Fifteen hours of continuing education if licensed before July 1;
3. Ten hours of continuing education if licensed before October 1; or
4. Five hours of continuing education if licensed before December 1.

F. Continuing education hours must be obtained from providers approved by the board. The following providers of continuing education are approved by the North Dakota Board of Examiners for Nursing Home Administrators:

1. North Dakota Long Term Care Association
2. North Dakota Hospital Association
3. American College of Health Care Administrators/ND Rough Rider Chapter
4. Offerings approved by NAB. NCERS is a national approving review service of NAB
5. Providers approved by other state nursing home administrator licensing boards. Written verification of approval is required.
6. College credits relating to management, finance, human resources, or gerontology. Each quarter credit hour will equal nine continuing education hours. Each semester credit hour will equal twelve continuing education hours.

G. **Late fee**. A licensee who does not meet the requirement for renewal by December 31 may renew the license by meeting the requirements and paying a late renewal fee in the amount of $25.00 per month for each month following December 31. If the requirements for renewal are not met within six months of expiration, the license shall not be renewed. If the license is not renewed, the individual must apply for and meet the requirements for initial licensure, including passing the examinations required by section 55-02-01-10 within one year of making the application.

H. If you have questions, contact the North Dakota Board of Examiners for Nursing Home Administrators at:
1900 N. 11th St.
Bismarck, ND 58501
Telephone: 701-222-4867
Email: peggy@ndltca.org

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Office Use Only

Check Number	Amount
Date	

IDENTIFYING AND CONTACT INFORMATION

Please check: ☐ Regular ☐ Inactive

Full Name			License Number		Date of Birth
☐ Use "Home" address for mailing purposes ☐ Use "Business" address for mailing purposes			Business Name		
Home Address			Business Address		
City	State	ZIP Code	City	State	ZIP Code
Home Telephone Number			Business Telephone Number		
Home Email Address			Work Email Address		

Are you a military spouse? ☐ Yes - see definition below. Provide proof of ID or military orders. ☐ No

A "military spouse" is a foreign practitioner who is the spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in North Dakota in accordance with military orders or stations in North Dakota before a temporary assignment to duties outside of North Dakota.

A "foreign practitioner" is an individual who currently holds and maintains a license in good standing to engage in the occupation or profession as a Nursing Home Administrator in another state or jurisdiction other than North Dakota and who is not the subject of a pending disciplinary action in any state or jurisdiction.

CONTINUING EDUCATION

List the continuing education programs you attended: (Print a blank copy of this page if you will need extra space.)

Course Title	Date(s)	Course Hours
Sponsored By	Approval Number (if NAB approved)	
Course Title	Date(s)	Course Hours
Sponsored By	Approval Number (if NAB approved)	
Course Title	Date(s)	Course Hours
Sponsored By	Approval Number (if NAB approved)	
Course Title	Date(s)	Course Hours
Sponsored By	Approval Number (if NAB approved)	
Course Title	Date(s)	Course Hours
Sponsored By	Approval Number (if NAB approved)	
Course Title	Date(s)	Course Hours
Sponsored By	Approval Number (if NAB approved)	

If you attended additional conferences, please list on a separate sheet or print a blank copy of this page.

Enclose a copy of NAB CE Registry Report showing your education or copies of your certificate of attendances from educational training you have attended.

CRIMINAL HISTORY

Have you ever been convicted of an offense, other than minor traffic violations and violations and offenses you reported in prior Applications for Renewal?	☐ Yes	☐ No	If yes, provide a written explanation, copies of the judgement, or judgements, and any other pertinent documents.

PROFESSIONAL DISCIPLINARY HISTORY

	Yes	No
Have you ever been prohibited from taking an examination required for any professional license or certification?		
Have you ever had an application for any professional license or certification denied?		
Have you ever been granted a limited or conditional license or certification to practice any profession?		
Have you ever had any professional license or certification revoked or suspended?		
Have you ever been disciplined or sanctioned by any professional license or certifying authority?		
Have you ever voluntarily surrendered any professional license or certification?		
Are there any complaints or disciplinary actions pending against any professional license or certification currently held by you?		
If you answered yes to any of the above questions, and have not previously disclosed the discipline in a prior Application for Renewal, enclose a written explanation and any pertinent documents.		

CERTIFICATION

I certify that the answers and information I provide in and in support of this Application are true, accurate, and complete.	
Original Signature of Applicant	Date