EMERGENCY LICENSE REPORT

NORTH DAKOTA BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

SFN 60366 (11-2019)

According to ND Administrative Code 55-02-01-15.1 (3) Emergency License:

The board may issue an emergency license to any person who:
Will be supervised by a preceptor at the expense of the nursing home. Supervision requires communication between the preceptor and the licensee at least twice in each week and at least one visit in each month by the preceptor to the nursing home where the licensee is employed. The preceptor shall make monthly written reports to the board.

The licensee is responsible for sending this report to the Board of Examiners for Nursing Home Administrators for each month they hold their emergency license. Failure to comply with this requirement could result in loss of their emergency license.

TO BE COMPLETED BY EMERGENCY LICENSEE

Name of Emergency Licensee	License Number
Emergency License Issued Beginning: Ending:	
Name of Preceptor	Report for the Month/Year of
Applicant's 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.

TO BE COMPLETED BY PRECEPTOR

Supervision requires communication between the preceptor and the licensee at least twice in each week:

Communication between the Preceptor and Licensee took place on the following dates:

Week 1, Visit 1	Week 2, Visit 1	Week 3, Visit 1	Week 4, Visit 1
Week 1, Visit 2	Week 2, Visit 2	Week 3, Visit 2	Week 4, Visit 2

One visit per month needs to be made to the facility where the licensee is employed:

Preceptor Visited With (Name of Licensee)	Facility/City	Date/Year

Comments

Emergency Licensee Signature	Date
Preceptor Signature	Date

Return completed form to: ND Board of Examiners for Nursing Home Administrators
1900 North 11th Street
Bismarck, ND 58501
Email: peggy@ndltca.org