APPLICATION FOR INITIAL LICENSURE AS A NURSING HOME ADMINISTRATOR

NORTH DAKOTA BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

SFN 60368 (11-2019)

INSTRUCTIONS

A. Complete all applicable items. Type or print legibly.

B. Complete or enclose the following:

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

2. Two letters of reference from individuals engaged in business or professional work.

3. A certified transcript from an accredited college or university.

4. If applicable, proof of completion of an administrator-in-training program approved by the North Dakota Board of Examiners for Nursing Home Administrators.

5. If applicable, proof of certification by the American College of Health Care Administrators as a nursing home administrator.

6. Submit to a statewide and national criminal history record check. All costs associated with the criminal history check are the responsibility of the applicant. Contact Peggy Krikava for more information at 701-222-4867 or email peggy@ndltca.org

7. Any other documentation specifically required by an item in the application.

C. Mail or deliver the Application and supporting documentation to the North Dakota Board of Examiners for Nursing Home Administrators, 1900 N. 11th St, Bismarck, ND 58501.

D. 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

APPLICATION FOR INITIAL LICENSURE AS A NURSING HOME ADMINISTRATOR

NORTH DAKOTA BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

SFN 60368 (11-2019)

Office Use Only

Check Number	Amount
Receipt	

IDENTIFYING AND CONTACT INFORMATION

Full Name	Date of Birth	Social Security Number*	
Home Address	City	State	ZIP Code
Business Address	City	State	ZIP Code

Home Telephone Number	Business Telephone Number	Fax Number
Applicant 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.

* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes, to determine eligibility for licensure, and detect violations of law. Penalty for not including the social security number on this form will cause the application not to be processed.

EDUCATION

Did you graduate from an accredited college or university with a baccalaureate or associate degree? ☐ Yes ☐ No

Name of Accredited College or University	Degree		Date of Graduation
Address	City	State	ZIP Code

Provide a certified transcript.

EXPERIENCE

Did you practice as a licensed nursing home administrator in any jurisdiction for at least five of the last six years?	☐ Yes	☐ No	If yes, provide proof of licensure in the other jurisdiction.
Did you practice as a licensed nursing home administrator in any jurisdiction for at least two years preceding the date of this application?	☐ Yes	☐ No	If yes, provide proof of licensure in the other jurisdiction.

Complete the following employment history for the last six years:

Most Recent Employer	Name of Supervisor		Telephone Number
Address	City	State	ZIP Code
Beginning Date of Employment	Ending Date of Employment		
Duties			

Next Most Recent Employer	Name of Supervisor	Telephone Number	
Address	City	State	ZIP Code
Beginning Date of Employment	Ending Date of Employment		
Duties			

Next Most Recent Employer	Name of Supervisor	Telephone Number	
Address	City	State	ZIP Code
Beginning Date of Employment	Ending Date of Employment		
Duties			

Next Most Recent Employer	Name of Supervisor	Telephone Number	
Address	City	State	ZIP Code
Beginning Date of Employment	Ending Date of Employment		
Duties			

ADMINISTRATOR-IN-TRAINING PROGRAM

Did you complete an administrator-in-training program?	☐ Yes	☐ No	If yes, provide proof of completion of the administrator-in-training program

If you answered yes to the above question and the administrator-in-training program has not been approved by the North Dakota Board of Examiners for Nursing Home Administrators, provide the following information:

- Submit the documentation verifying the length of the administrator-in-training program was at least 480 hours;
- Submit certificate of completion;
- If the administrator-in-training program was completed as part of a degree program, indication on your transcripts should reflect the completion of the administrator-in-training program.

ACHA CERTIFICATION

Are you certified by the American College of Health Care Administrators as a Nursing Home Administrator?	☐ Yes	☐ No	If yes, provide proof of the certification.

EXAMINATION

Enclose or mail or deliver separately proof of passing the examination provided by the National Association of Boards of Examiners of Long Term Care Administrators, as well as proof of passing the state laws and rules examinations administered by the board.

LETTERS OF REFERENCE

Enclose, mail or deliver separately two letters of reference from individuals engaged in business or professional work.

CRIMINAL HISTORY

Submit to a statewide and nationwide criminal history record check. All costs associated with the criminal history record check are the responsibility of the applicant. Contact Peggy Krikava for more information at 701-222-4867 or email peggy@ndltca.org

Have you ever been convicted of an offense, other than minor traffic violations?	☐ 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 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, provide 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