# APPLICATION FOR EMERGENCY LICENSURE AS A NURSING HOME ADMINISTRATOR

NORTH DAKOTA BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

SFN 60371 (11-2019)

Office Use Only

| Check Number | Amount |
|---|---|
| Receipt | |

## INSTRUCTIONS

A. Complete all applicable items. Type or print legibly.
B. Enclose or mail an application fee of $250. Checks payable to the North Dakota Board of Examiners for Nursing Home Administrators (NDBOENHA). The application fee is not refundable.
C. Submit any other documentation specifically required by an action item in the application.
D. 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.
E. Mail or deliver the Application for Emergency Licensure and supporting documentation to the North Dakota Board of Examiners for Nursing Home Administrators, 1900 N. 11th St, Bismarck, ND 58501.
F. Please note that an emergency license once granted may be in force for up to 90 days and may be renewed for an additional 90 days by the board upon good cause shown.
G. 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

## 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.

## EMERGENCY

| Provide the following information about the nursing home where you will be the acting nursing home administrator: | | | | |
|---|---|---|---|---|
| Name of Nursing Home | | | | |
| Address | | City | State | ZIP Code |
| Telephone Number | Fax Number | Email Address | | |

**EMERGENCY (contintued)**

| Explain the emergency which makes the issuance of the emergency license necessary: | |
|---|---|
| Name of Person that can Verify Emergency * | Title |
| * Please provide contact information if different from information noted above. | |
| Signature | |

**EXPERIENCE**

| 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 | Name | | |
| Duties | | | | |

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

**SUPERVISION**

You must 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.

Provide the following information about the preceptor who will supervise you:

| Name of Preceptor | | | | |
|---|---|---|---|---|
| Address | | City | State | ZIP Code |
| Telephone Number | Fax Number | Email Address | | |

**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.

| 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 |
|---|---|
| | |