

NURSING HOME ADMINISTRATOR APPLICATION CHECKLIST

All Applicants

- Ensure that all required sections of your application are complete and legible. Failure to submit a complete application will delay the processing of your application.
- Include a copy of your Social Security card to verify your social security number.
- Include a copy of one identification form to verify your age (driver's license, ID card for non-drivers, passport or birth certificate).
- Contact your academic institution(s) requesting an official transcript be sent by the institution directly to the Department or by e-script to **profcred@health.ny.gov**.
- Include either Addendum A or Addendum B (not both) along with the required documentation for each form (below).
- Sign and date your application in the presence of a Notary Public.
- Keep a copy of your application and all supporting documentation.
- Return your completed application with original signature, any required attachments and \$40 fee, in the form of a check or money order payable to the New York State Department of Health to:

**NEW YORK STATE DEPARTMENT OF HEALTH
Board of Examiners of Nursing Home Administrators
Bureau of Professional Credentialing
875 Central Avenue
Albany, New York 12206**

All Addendum A- Administrator-In-Training Program (AIT) applicants must include the following:

- Program plan** – Participation in the Administrator-In-Training Program requires the advance written approval of the Board. The training sites, preceptors and interns must meet specific criteria to be approved by submitting a description of the learning activities for each module (including goals and objectives) at least eight weeks prior to the desired start date of the internship.
- Organization chart** – A current organization chart for the training site identifying the incumbents in all positions at the department head level and above.

All Addendum B - Qualifying Field Experience applicants must include the following:

- Proof of salary and title** – Documents must be provided with job title and salary (such as a payroll report or paystubs)
- Organization chart** – An organization chart on facility letterhead signed and dated by the administrator-of-record or authorized representative of human resources is required.
- Job description** – A job description on facility letterhead signed and dated by the administrator-of-record or authorized representative of Human resources is required.

Out-of-State Licensed Nursing Home Administrators must complete the following:

- Request Licensing Board Verification** – All verifications must be in the form of a letter on official letterhead (affixed with a state seal) and include as much of the following information available: your name, license number, date license issued, examination taken, examination date, examination score (raw score and scale score), registration status, expiration date and disciplinary action (if any).
- Request Score Transfers** – Candidates can request a score transfer directly from the National Association of Long Term Care Administrator Boards (NAB) testing company. While an exam score will automatically be reported to the jurisdiction for which the exam was taken, a request will need to be made using one of the methods below to transfer your scores to additional states. Please contact NAB directly for information and applicable fees.

It is unlawful for you to practice or represent yourself as the Administrator-of-Record of a nursing home in New York State in the absence of a current New York State registration. Doing so may result in sanctions by the Board.

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	Office Use Only
List all Previous Last Names			Cashline:
Home Street Address			Expiration Date:
City/Town/Village		State	<input type="checkbox"/> Approved ____/____/____ <input type="checkbox"/> Other ____/____/____
Social Security Number (attach a copy of your Social Security card)		Date of Birth	Comment(s)
Gender (Optional): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X		County of Residence	
E-mail Address (Preferred):		Phone (Home):	
E-mail Address (Secondary):		Phone (Work):	
		Phone (Cell):	
			Reviewer: _____

EDUCATION INFORMATION
Check all that apply (for demographic purposes only) .
<input type="checkbox"/> GED/High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree

PROFESSIONAL INFORMATION			
List all professional licenses and/or certificates you currently hold or have held in the past (attach additional sheets, as necessary) .			
License/Certificate	License/Certificate #	Date Issued	State or Jurisdiction
License/Certificate	License/Certificate #	Date Issued	State or Jurisdiction
License/Certificate	License/Certificate #	Date Issued	State or Jurisdiction

EMPLOYMENT INFORMATION	
Enter your employment information.	
<i>Current Position</i>	<i>Former Position</i>
Current Job Title	Former Job Title
Employer	Employer
Address	Address
Dates of Employment	Dates of Employment
Supervisor	Supervisor

QUALIFICATION SUMMARY		
QUALIFICATION 1 (AGE)		
Age: _____ ▶▶▶▶▶ Driver license, ID card for non-drivers, passport or birth certificate must be submitted (attach only one).		
QUALIFICATION 2 (CHARACTER AND SUITABILITY)		
Have you ever been convicted of a crime (felony or misdemeanor) in any state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been charged with a crime (felony or misdemeanor) in any state or country, the disposition of which was other than acquittal or dismissal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever surrendered your license/certificate or been found guilty of professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are charges pending against you for professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any hospital, nursing home or licensed facility restricted or terminated your professional training, employment or privileges, or have you ever voluntarily resigned or withdrawn from such association to avoid imposition of such measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have a mental, physical or emotional health condition which impairs or limits or, if untreated, could impair or limit your ability to practice as a nursing home administrator in a competent and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever entered into a stipulation of settlement or similar agreement to settle a charge relating to professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
▶▶ If you answered "Yes" to any of the above questions, a letter providing a complete explanation of the issue(s) must be submitted. Include copies of any court records, including a Certificate of Disposition, Certificate of Relief from Disabilities or Certificate of Good Conduct. ◀◀		
QUALIFICATION 3 (EDUCATION)		
	<i>Academic Institution/Degree (with Major)</i>	<i>Date Degree Conferred (Month/Year)</i>
Bachelor's Degree (Minimum)		
▶▶ <i>Required Course Work</i> ▶▶ Courses will be considered for 10 years from the date of successful completion, with the exception of Nursing Home Administration, which will be considered for five years from the date of successful completion. ◀◀		
<input type="checkbox"/> Check if you are claiming two or more years of service as the full-time Administrator-of-Record of an out-of-state nursing facility within the last five years as a substitution for the required course work and proceed to Qualification 4 (Addendum B must be submitted). (Also applies to Qualification 5 [enter separately]).		
Course	Academic Institution/Course Name and Number	Date Completed
Nursing Home Administration (300 level [or equivalent] or higher) <i>(Enter separately for Qualification 5)</i>		
Health Care Financial Management (300 level [or equivalent] or higher)		
Legal Issues in Health Care (300 level [or equivalent] or higher)		
Gerontology (Introductory level or higher)		
Personnel Management (Introductory level or higher)		
▶▶ Degree(s) and course work being claimed to satisfy Qualification 3 must be supported by an official transcript sent by the academic institution. ◀◀		

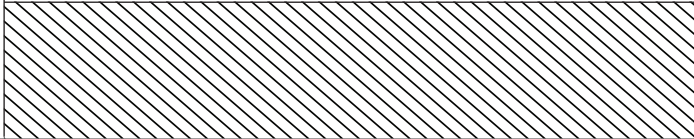
QUALIFICATION 4 (FIELD EXPERIENCE)

Check the field experience and any substitution or reduction you are claiming. You must complete either an internship or qualifying field experience, not both. Only one substitution or reduction may be claimed.

- Administrator-In-Training Program (Internship) (**Minimum 12 months (Addendum A must be submitted).**)
- Substitution or reduction:*
- Three or more years of full-time service as a Director of Nursing Services at a qualifying health care facility (Internship Credit: 6 months).
- Two or more years of service as the full-time Administrator-of-Record of an out-of-state nursing facility within the last five years (Full Satisfaction).
- Internship at a nursing facility completed as part of an accredited educational institution degree requirement (Full Satisfaction).
- Internship at a nursing facility completed as part of the nursing home administrator licensure requirements of another state licensure board (Full Satisfaction).
- Master's Degree and completion of the five courses required to satisfy Qualification 3. (Internship Credit: 6 months)

OR

- Qualifying Field Experience (**Minimum 2 years (Addendum B must be submitted).**)
- Substitution or reduction:*
- Three or more years of full-time service as a Director of Nursing Services at a qualifying health care facility (Field Experience Credit: 12 months).
- Two or more years of service as the full-time Administrator-of-Record of an out-of-state nursing facility within the last five years (Full Satisfaction).
- Master's Degree and completion of the five courses required to satisfy Qualification 3. (Field Experience Credit: 12 months)



▶▶ **Field experience being claimed to satisfy Qualification 4 must be supported by the applicable field experience documentation (Addendum A or B).** ◀◀

You must arrange to have the Administrator-of-Record or Authorized Representative of Human Resources at each facility from which you are claiming qualifying field experience complete and submit Addendum B.

▶▶ **Master's Degree reduction must be supported by an official transcript sent by the academic institution and certificate (if applicable).** ◀◀

Enter name(s) of provider(s) from which field experience is being claimed and documentation will be submitted (**attach additional sheets, as necessary**).

Job Title	Dates of Employment
Employer	<input type="checkbox"/> Check if Addendum B has been requested from the facility Total Service Claimed:
Job Title	Dates of Employment
Employer	<input type="checkbox"/> Check if Addendum B has been requested from the facility Total Service Claimed:
Job Title	Dates of Employment
Employer	<input type="checkbox"/> Check if Addendum B has been requested from the facility Total Service Claimed:

QUALIFICATION 5 (COURSE OF STUDY)

Check if you are claiming a substitution for the Nursing Home Administration course.

- A current Nursing Home Administrator certification issued by the American College of Health Care Administrators (ACHCA) (**Certificate must be submitted**).
- Two or more years of service as a full-time Administrator-of-Record of an out-of-state nursing facility within the last five years (**Addendum B must be submitted**) (*From Qualification 3*).

Course	Academic Institution/Course Number and Name	Date Completed
Nursing Home Administration (300 level [or equivalent] or higher) (<i>From Qualification 3</i>)		

QUALIFICATION 6 (EXAMINATION)

You must receive a passing score on the Nursing Home Administrator Licensing Examination. To be eligible to sit for the examination, you must satisfy Qualifications 1-5. The Nursing Home Administrator Licensing Examination developed by the National Association of Long Term Care Administrator Boards is the only examination approved by the Board of Examiners of Nursing Home Administrators for licensure as a nursing home administrator in New York State. If you hold a nursing home administrator license issued by another state and are requesting a waiver of the examination requirement, you must submit documentation from the issuing state that you took and passed the examination.

AFFIRMATIONS AND CERTIFICATIONS

SERVICE IN THE ARMED FORCES

Did you serve in any of the Armed Forces of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you served, were you discharged under favorable conditions? If you answered "No", a copy of your Discharge Certificate must be submitted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

CHILD SUPPORT OBLIGATION

New York State General Obligations Law, Section 3-503, requires everyone applying for or renewing a professional license, permit or registration to file a written statement that, as of the date of the filing, he or she is, or is not, under an obligation to pay child support. Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or driver licenses. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to Section 175.35 of the Penal Law.

You must complete this section before the license for which you have applied is issued. Individuals who are under an obligation to pay child support but are not in compliance with the General Obligations Law can be issued a license for no more than six months to discharge child support obligations consistent with the Law.

Check only one below:

- I am not under an obligation to pay child support.
- I am under an obligation to pay child support and (please check only one of the following):
 - I am current and am not four months or more in arrears in the payment of child support; or
 - I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or
 - The child support obligation is the subject of a pending court proceeding; or
 - I am receiving public assistance or supplemental security income; or
 - None of the above four statements apply (you must submit a letter of explanation with your application).

NOTARIZED SIGNATURE

I affirm, subject to the penalties for perjury, that the statements made herein and on the accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be cause for suspension or annulment of any license issued pursuant to this application.

Applicant Signature	Date
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Sworn to before me this _____ day of _____, 20_____

Notary Stamp

Notary Public _____

ORGAN AND TISSUE DONATION INFORMATION

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register. Opting out of enrolling in the NYS Donate Life Registry will not impact or impair my ability to obtain services from the Bureau of Professional Credentialing.