

APPLICATION FOR LICENSURE AS A NURSING HOME ADMINISTRATOR BY ENDORSEMENT

I. North Dakota Administrative Code Sections Pertinent to Licensure as a Nursing Home Administrator by Endorsement:

55-02-01-15. Licensure by endorsement. Upon application, the board may issue a license by endorsement to any person who:

1. Pays a fee of two hundred fifty dollars.
2. Holds a current license in good standing from another jurisdiction that imposes requirements for obtaining a license which are at least substantially equivalent to the requirements imposed in this state at the time of application.
3. Passes the examination required by subsection 2 of section 55-02-01-10.
4. Submits to a statewide and nationwide criminal history record check. All costs associated with the criminal history record check are the responsibility of the applicant.

55-02-01-10. Examinations.

1. Each person applying for licensure as a nursing home administrator, except a person applying for emergency licensure or licensure by endorsement, is required to pass an examination provided by the national association of boards of examiners of long-term care administrators.
2. Each person applying for licensure as a nursing home administrator, except a person applying for emergency licensure, is required to pass a state laws and rules examination administered by the board.

55-02-01-11. Grading examinations.

1. A passing score for the examination required by subsection 1 of section 55-02-01-10 shall be the passing score established by the national association of boards of examiners of long-term care administrators.
2. A passing score for the examination required by subsection 2 of section 55-02-01-10 shall be the passing score established by the board.

55-02-01-17. Denial, suspension, and revocation of licenses. The board, after notice and opportunity for hearing, may deny an application for license, suspend, or revoke a license for a nursing home administrator, or may reprimand or otherwise discipline a licensee, if the licensee or applicant for license:

1. Has violated any of the provisions of the law pertaining to the licensing of nursing home administrators or the rules and regulations of the board pertaining thereto;
2. Has violated any of the provisions of the law, rules, or regulations of the licensing authority having jurisdiction over the operation and licensing of nursing homes;
3. Has practiced fraud, deceit, or misrepresentation or provided misleading omission or material misstatement of fact in securing, procuring, renewing, or maintaining a nursing home administrator license;
4. Has engaged in fraudulent, deceptive, or dishonest conduct in the licensee's capacity as a nursing home administrator;
5. Has committed acts of professional misconduct or professional negligence;
6. Has practiced without a license;
7. Has transferred or surrendered possession of the licensee's license to any other person;
8. Has engaged in fraudulent, misleading, or deceptive advertising with respect to the facility;
9. Has impersonated another licensee;
10. Has failed to exercise true regard for the safety, health, and life of the resident;
11. Has permitted unauthorized or illegal disclosure of information relating to a resident or the resident's records;
12. Has discriminated in respect to residents or staff with regard to race, religion, color, age, sex, creed, marital status, disability, status with regard to public assistance, or national origin;
13. Has been convicted of an offense having a direct bearing on the applicant or licensee's ability to serve the public as a nursing home administrator or, following conviction of any offense, has been determined by the board to be insufficiently rehabilitated under North Dakota Century Code section 12.1-33-02.1;
14. Has engaged in sexual harassment, made sexual advances toward, or engaged in sexual contact with any nursing home resident, or engaged in sexual harassment of any nursing home employee, student, trainee, volunteer, consultant, or visitor;
15. Has used the licensee's professional status, title, position, or relationship as a nursing home administrator or licensee to coerce, improperly influence, or obtain money, property, or services from a resident, resident's family member, visitor, employee, or any person served by or doing business with a nursing home;

16. Has made a false statement or provided false or misleading information to the board, failed to submit reports as required by the board, failed to cooperate with an investigation of the board, or violated an order of the board;
17. Has failed to report a reprimand, restriction, limitation, condition, revocation, suspension, surrender, or other disciplinary action against the person's license as a nursing home administrator in another jurisdiction, has failed to report the existence of a complaint or other charges against the person's nursing home administrator license in another jurisdiction, or has been denied a license as a nursing home administrator by any other jurisdiction;
18. Has abused or is dependent on alcohol, legend drugs, or controlled substances, and the abuse or dependency affects the performance of the licensee's duties;
19. Has forged prescriptions or made drugs available to self, friends, or family members; or
20. Has failed to complete continuing education requirements.

II. Instructions:

- A. Complete all applicable items. Type or print legibly.
- B. Enclose or mail a fee of \$250. Checks should be payable to the North Dakota Board of Examiners for Nursing Home Administrators (NDBOENHA). The fee is not refundable.
- C. Two letters of reference with Letter of Reference Forms from individuals engaged in business, professional, or religious work.
- D. Submit the State Board Endorsement Questionnaire to the licensing board in the state you are licensed in and have them return it to the North Dakota Board of Examiners for Nursing Home Administrators.
- E. 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 Pam Cook for more information at 701-222-4867 or e-mail pam@ndltca.org.
- F. Mail or deliver the application and supporting documentation to the North Dakota Board of Examiners for Nursing Home Administrators, 1900 N. 11th Street, Bismarck, ND 58501.
- G. If you have questions, contact the North Dakota Board of Examiners for Nursing Home Administrators, 1900 N. 11th Street, Bismarck, ND 58501, at telephone number 701-222-4867, at fax number 701-223-0977, or e-mail address bev@ndltca.org.

III. Identifying and Contact Information:

- A. Full Name: _____
- B. Birth Date: _____
- C. Social security number: _____
- D. Home address: _____

- E. Business address: _____

- F. Home telephone number: _____
- G. Business telephone number: _____
- H. Fax number: _____
- I. E-mail address: _____

IV. License Information.

- A. Provide the following information about the licensing authority which issued your current license in another state or jurisdiction:
 1. Name of the licensing authority: _____
 2. Address of the licensing authority: _____

 3. Telephone number of the licensing authority: _____

4. Fax number of the licensing authority: _____
5. E-mail address of the licensing authority: _____

B. Provide the following information about your current license in another state or jurisdiction:

1. License number: _____
2. Date the license was originally granted: _____

C. The North Dakota Board of Examiners for Nursing Home Administrators will contact the licensing authority in the state or jurisdiction to obtain information about whether you hold a current license in good standing and the requirements for obtaining a license in the state or jurisdiction.

V. Criminal History.

- A. 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 Pam Cook for more information at 701-222-4867 or e-mail pam@ndltca.org
- B. Have you ever been convicted of an offense, other than minor traffic violations? Yes No
- C. If you answered yes to A, provide a written explanation, copies of the judgement, or judgements, and any other pertinent documents.

VI. Professional disciplinary history.

- A. Have you ever been prohibited from taking an examination required for any professional license or certification?
 Yes No
- B. Have you ever had an application for any professional license or certification denied?
 Yes No
- C. Have you ever had any professional license or certification revoked or suspended?
 Yes No
- D. Have you ever been disciplined or sanctioned by any professional license or certifying authority?
 Yes No
- E. Have you ever voluntarily surrendered any professional license or certification?
 Yes No
- F. Are there any complaints or disciplinary actions pending against any professional license or certification currently held by you?
 Yes No
- G. If you answered yes to A, B, C, D, E, or F, provide a written explanation and any pertinent documents.

VII. Certification.

I certify that the answers and information I provide in and in support of this application are true, accurate, and complete.

Dated this _____, 20_____.

Signature of Applicant

STATE BOARD ENDORSEMENT QUESTIONNAIRE

Name: _____

Address: _____ City/State/Zip: _____

Home Telephone: _____ Work Telephone: _____

Social Security Number: _____ - _____ - _____

EDUCATION: (Mark Highest Level) High School College Graduate Post Graduate

LICENSE INFORMATION

This portion is to be completed by the State Board of Examiners for Nursing Home Administrators from the state the applicant is transferring from. Return completed form to the ND Board of Examiners for Nursing Home Administrators, 1900 North 11th St, Bismarck, ND 58501.

State from which applicant is transferring from: _____

State of original license: Yes No

If no, was licensure through endorsement? Yes - from what state: _____ No

Status of License: Active Inactive Expired

License Number: _____ Date Issued: _____ Date of Expiration: _____

NATIONAL EXAMINATION - Complete if taken in your state.

Exam: NAB PES Other

Exam Series: _____ Exam Date: _____

Raw Score: _____ Scale Score: _____

State Exam Taken: _____

Was an AIT/Practicum successfully completed: Yes No...Circle one: applied through endorsement, not required, other: _____

If yes, length of practicum: _____

Has the applicant ever been disciplined by the Board: Yes No

If yes, please explain: _____

Is there any investigation or disciplinary action pending? Yes No

CERTIFICATION: NHA by the ACHCA Yes No

State Seal:

Individual Completing this Form:

Name: _____

Title: _____

City/State: _____

Phone Number: _____