



Nursing Home Administrator License Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please read, complete, and return this [form](#) with your application.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Board of Nursing Home Administrators
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

Application Fee. This fee is non-refundable. You can check the online [fee page](#) for current fees.

1. Demographic Information:

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360-236-4700 if you do not have one.

National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Birth place: Provide the city, state and country where you were born.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax, and Cell Numbers: Enter your phone, fax, and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

2. Personal Data Questions:

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

3. Education:

List in date order your educational preparation and post-graduate training. Attach additional page if you need more space.

4. Experience:

List in date order all of your professional experience and practice from date of graduation from professional college. Attach additional pages if you need more space

5. Other License, Certification, or Registration:

List all states where credentials are or were held. Attach additional pages if you need more space.

6. AIDS Education and Training Attestation:

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of seven hours is required. Course content can be found in [WAC 246-12-270](#).

7. Applicant’s Attestation:

You must sign and date this for us to process the application.

Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington

Under state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please submit the required military documentation with your application for licensure found on your [profession applications and forms page](#).

License Requirements

You may apply for licensure as a nursing home administrator by completing the following requirements:

- Application and fee;
- Completed the requirements for a baccalaureate or higher degree;

Official Transcripts: Your transcripts must show program completion date and must come directly from your college or university to the Department of Health.

Applicants who are:

- Certified by the American College of Health Care Administrators (ACHCA) may submit verification of ACHCA certification in lieu of college degree transcript.
- Completion of a practical experience requirement;
- Pass the National Association of Boards of Examiners for Long-Term Care Administrators (NAB) national examination;

Applicants who are:

- Currently certified by ACHCA are exempt from taking the current NAB national examination.
- Licensed as a nursing home administrator in another state and who has previously passed the national examination are exempt from taking the current NAB national examination.
- At least 21 years of age;
- Not having engaged in unprofessional conduct or being unable to practice with reasonable skill and safety.

A limited license indicating the limited extent of authority to administer institutions conduct by and for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination shall be issued to individual's demonstration membership in such church or denomination. However, nothing the law shall be construed to require an applicant employed by such institution to demonstrate proficiency in any medical techniques or to meet any medical educational qualifications or medical standards not in accord with the remedial care and treatment provided in such institutions.

- Seven hours of HIV/AIDS education and training; and
- Out-of-state Credential Verification form completed by each state(s) in which you hold or have held a credential. The state will complete its portion of the verification form and mail it directly to Washington State.

Examination Information:

Washington State uses the NAB examination as the state examination. Information about the NAB examination is located on their Web site at www.nabweb.org. Select examinations to access the NHA candidate handbook.

Endorsement:

The Board of Nursing Home Administrators (BNHA) may endorse a nursing home administrator currently licensed in another state if that state has requirements equivalent to the requirements in Washington State. Washington State requires a 1,500 hour administrator-in-training program. A state which requires fewer hours may not be considered equivalent. Please see the next page for the list of states considered to have substantially equivalent requirements.

If you were originally licensed in a state with substantially equivalent requirements, complete numbers 1 through 7 on the application form and submit the endorsement application fee. If you have successfully completed the National Association of Boards of Examiners for Nursing Home Administrators (NAB) examination, you will not be required to take it again. A state examination is no longer given in this state.

Administrator-In-Training (AIT) Exemption:

A person not meeting endorsement standards may be licensed under the AIT program exemption. You must have worked as a licensed administrator for a minimum of five years in the last ten years, and your license did not expire more than three years ago.

Administrator-In-Training (AIT):

The BNHA will determine whether an AIT program is required and the length of the program. That determination is based on your experience as outlined in [WAC 246-843-090](#) and [WAC 246-843-093](#). If you or your preceptor feels your experience qualifies you under [WAC 246-843-090](#) for less than 1,500 hours in AIT program time, you may submit a statement with your application as to your request, and what experience you feel qualifies you for licensure.

Temporary Practice Permits:

A temporary practice permit may be issued for a period up to six months. The permit holder is not eligible for a subsequent permit. The permit is valid only for the specific nursing home for which it is issued and must terminate upon the permit holder's departure from the nursing home, unless otherwise approved by the board.

You may apply for temporary practice permit as a nursing home administrator by completing the following requirements:

- Application and fee;
- Have a written agreement for consultation with a Washington State licensed nursing home administrator;
- Out-of-state Credential Verification form completed by each state(s) in which you hold or have held a credential. The state will complete its portion of the verification form and mail it directly to Washington State.

Note: The temporary practice permit does not apply if the applicant is an administrator of a religious care facility acting under a limited licensed described in RCW 18.52.071.

Notice to All Applicants: Reference [WAC 246-843-130\(4\)](#)

Within 180 days of initial licensure, nursing home administrators are required to attend a course on laws relating to nursing homes in Washington State. Contact the Department of Social and Health Services (DSHS) at 360.725.2592 to register. For more information, visit the DSHS Aging and Adult Services Administration professional site at: <http://www.aasa.dshs.wa.gov/>.

Other Information:

You will be mailed a letter regarding the deficiencies of your application if the application is incomplete.

- The application is considered incomplete if requested information is left blank. Write N/A or place a line through section instead of leaving blank.
- The initial license will expire on your birthday unless the initial license is issued within 90 days of your birthday. See [WAC 246-12-020\(3\)](#).
- Licenses must be renewed every year on your birthday as provided in chapter [246-12 WAC, Part 2](#). A courtesy renewal notice will be mailed to your address on record. You must keep your address current with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.

Continuing Education Requirements:

Nursing home administrators must complete thirty-six hours of continuing education every two years.

The required continuing education must be obtained during the period between renewals. For more information on the continuing education requirement, please see [WAC 246-843-150](#) and [246-12 WAC, Part 7](#).

License Through Endorsement

A Washington State nursing home administrator license may be issued to applicants who hold a current nursing home administrator license in another state if the standards for licensing in that state are substantially equivalent to those prevailing in this state. The Board of Nursing Home Administrators has reviewed the regulations of other states and has found the following states have substantially equivalent requirements.

- Alaska
- California
- Connecticut
- District of Columbia
- Florida
- Hawaii
- Iowa
- Louisiana
- Maine
- Maryland
- Massachusetts
- Nevada
- New Jersey
- Ohio
- Oregon
- Rhode Island
- South Carolina
- Texas
- Utah
- Vermont
- West Virginia
- Wyoming

The following states have been found to have requirements that are not substantially equivalent:

- Alabama
- Arizona
- Arkansas
- Colorado
- Delaware
- Georgia
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- New Hampshire
- New Mexico
- New York
- North Carolina
- North Dakota
- Oklahoma
- Pennsylvania
- South Dakota
- Tennessee
- Virginia
- Wisconsin

This list is effective December, 2014 and subject to change. Although you may not qualify by endorsement, you may qualify by Administrator-in-Training exemption or other means. Please contact us at (360) 236-4700.



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Nursing Home Administrator License Application

You must check one of the following:

- Administrator-in-Training (AIT)
- Endorsement (Reciprocity)
- AIT Exemption

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	National Provider Identifier Number (NPI) (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Name	First	Middle	Last
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Birth date (mm/dd/yyyy)	Place of birth		
	City	State	Country

Address

City	State	Zip Code	County
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Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address

Mailing address if different from above address of record

City	State	Zip Code	County
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Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? Yes No

If yes, list name(s):

Will documents be received in another name? Yes No

If yes, list name(s):

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
 - b. Diverted controlled substances or legend drugs?
 - c. Violated any drug law?
 - d. Prescribed controlled substances for yourself?
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?

3. Education

list in date order your educational preparation and post-graduate training. Attach additional pages if you need more space.

Name and address of institute, place of practice	Degree Earned	Attendance	
		Start mm/yyyy	End mm/yyyy

4. Experience

List in date order all of your professional experience since completion of post-graduate training. Exclude activities listed under other sections. Attach additional pages if you need more space.

Name of practice and location	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Type of experience or specialty

5. Other License, Certification, or Registration

List all states, including Washington, where credentials are or were held. Attach additional pages if you need more space.

State or territory	Certificate		Permanent or Temporary	License received		Currently in force
	Year	Number		Exam	Other	
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

6. Aids Education and Training Attestation

I certify I have completed the minimum of seven hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. **I understand that if I provide any false information, my license may be denied, or if issued, suspended or revoked.**

Applicant's initials	Date

7. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of
(Print applicant name clearly)
the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(mm/dd/yyyy) (City, state)

By: _____
(Signature of applicant)

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Washington State Department of
Health
 Board of Nursing Home Administrators
 Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Out-of-State Credential Verification

To applicant: Complete top portion in full and forward to each state in which you hold or have held a credential as a Nursing Home Administrator. Contact each state for information on a fee for this service.

Name (Last, First, Middle Initial)			
Street Address			
City	State	Zip Code	
Daytime Phone (enter 10 digit #)			
I authorize the release of the information requested below to the Washington State Board of Nursing Home Administrators.			
Applicants Signature _____ Date _____			
<p>To state board: The above individual is applying for licensure as a Nursing Home Administrator in Washington State. Please complete the following information and mail to the Washington State Board of Nursing Home Administrators at the address above. Thank you for your cooperation.</p>			
Credential Number	State	Date Issued	Expiration Date
If this is not the state of original license, was license through reciprocity/endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what state? _____			
Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Other (Specify) _____			
Exam: <input type="checkbox"/> NAB <input type="checkbox"/> Other (specify) _____			
Exam Date _____ Exam State _____ NAB Score: Raw _____			
Scale _____ Exam Date _____ Exam State _____			
Was an AIT Program successfully completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____			
Is there any investigation or disciplinary action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____			
Individual completing form: _____ Title: _____			
Signature _____ Date _____			
Phone (enter 10 digit #) _____ City _____ State _____			

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RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Nursing Home Administrator Laws, RCW 18.52](#)

[Nursing Home Administrator Rules, WAC 246-843](#)

On-Line

[AIDS Training Resources, Reference Page](#)

[Board of Nursing Home Administrators, Web Page](#)