

STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: (717) 783-7155

Fax: (717) 787-7769

Website: www.dos.pa.gov/nursinghome

E-Mail: st-nha@pa.gov

Courier Address:

2601 North Third Street
Harrisburg, PA 17110

**APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSURE
BY ENDORSEMENT**

*****IMPORTANT INFORMATION*****

Please read the following before proceeding with the Application for Nursing Home Administrator Examinations:

- Applicants must be at least twenty-one years old.
- Applicants must be a citizen of the United States or duly declared their intention of becoming a citizen of the United States.

*****APPLICATION CHECKLIST*****

ALL APPLICANTS ARE REQUIRED TO:

(Check when completed)

NOTE: ALL DOCUMENTS MUST BE SUBMITTED ON SINGLE-SIDED, 8½" x 11" PAPER. PLEASE DO **NOT** INCLUDE BINDERS, FOLDERS OR TABBED DIVIDERS.

1. ☐ Complete pages 1, 2 and 3 of the application.
2. ☐ Application Fee: \$40.00 check or money order made payable to "Commonwealth of PA."

PLEASE NOTE THE FOLLOWING:

- * Application fees are not refundable.
 - * If your license is not issued within one year from the date your application is received, you will be required to submit another application fee.
 - * A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
3. ☐ The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)
 4. ☐ Provide a Self-Query from the National Practitioner Data Bank that is not older than 6 months from the date of issuance. A Self-Query can be requested online at www.npdb.hrsa.gov. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
 5. ☐ If you answered YES to any of the criminal/disciplinary action questions, please provide accurate details on separate 8 ½" x 11" sheets of paper and provide copies of court documents.
 6. ☐ If any documentation submitted in connection with this application will be received in a name other than the name under which you are applying, you must submit a copy of the legal document(s) indicating the name change (i.e., marriage certificate, divorce decree which indicates the retaking of your maiden name; legal document indicating the retaking of a maiden name, or court order).
 7. ☐ Provide a criminal background check that is not older than 90 days from the date of issuance. Information about obtaining a Pennsylvania Criminal History Record can be found at the following website: <https://epatch.state.pa.us>
(If you reside outside of Pennsylvania, you must contact the State Police from your jurisdiction.)
 8. ☐ You must request a transcript to be **sent directly from the accredited college or university in a sealed official school envelope certifying** your highest level of education.

9. ☐ You must request certification letter(s) from all State Licensing Board(s) where you hold or have held a nursing home administrator license with the State seal affixed. Letter(s) must contain name, license number, certification date, and expiration date, license status (current or expired) and disciplinary standing. Letter(s) must be mailed directly from the licensing board(s) to the Pennsylvania State Board of Examiners of Nursing Home Administrators.
10. ☐ If applicable, the Board must receive verification of a license, certificate, permit, registration or other authorization to practice any health-related profession directly from the state or jurisdiction. *PLEASE NOTE: The Board does NOT need to receive verification for licenses issued by one of the licensing boards within the Pennsylvania Bureau of Professional and Occupational Affairs.*
11. ☐ You must request a score transfer from NAB (www.nabweb.org). Your NAB score must be mailed directly from NAB to the Pennsylvania State Board of Examiners of Nursing Home Administrators. **(If your NAB score is not at the passing level of Pennsylvania applicants who took the examination at the same time, you will be required to re-take the NAB Exam.)**

****YOU MAY NOT PRACTICE AS A NURSING HOME ADMINISTRATOR IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL A LICENSE HAS BEEN ISSUED BY THE PENNSYLVANIA BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS.**

***** ADDITIONAL INFORMATION *****

1. Nursing Home Administrators Licensing Examinations are administered on computer at a PSI Test Center.
2. **All applications must be approved by the Board.**
3. NAB Study guide information is included in the booklet "Nursing Home Administrators Licensing Examination – Information for Candidates".
4. The State Examination covers the following:
 - * Act 122 (Nursing Home Administrators License Act) – available on the Board's website at www.dos.pa.gov/nursinghome by clicking on "Board Laws & Regulations", followed by "Law"
 - * Pennsylvania Code, Title 49: Professional and Vocational Standards, Chapter 39 (the Board's rules and regulations) – available on the Board's website at www.dos.pa.gov/nursinghome by clicking on "Board Laws & Regulations", followed by "Regulations"
 - * Pennsylvania Code, Title 28: Health and Safety, Part IV. Health Facilities, Subpart A, General Provisions, Chapter 51 – available at www.pacode.com/secure/data/028/subpartIVAtoC.html
 - * Pennsylvania Code, Title 28: Health and Safety, Part IV. Health Facilities, Subpart C. Long Term Care Facilities, Chapters 201, 203, 205, 207, 209, 211 – available at www.pacode.com/secure/data/028/subpartIVCtoC.html
 - * Code of Federal Regulations, Title 42: Public Health, Chapter IV, Part 483, Requirements for States and Long Term Care Facilities (State Operations Manual, Appendix PP) 42 CFR §483.1 to §483.75 – available at www.ecfr.gov
5. Any candidate with a documented disability may request special accommodations to take the examination. Contact the licensing board in the jurisdiction where you are seeking licensure for details. You must request special accommodations at the time you send in your application.
6. If approval is granted by the Board to sit for the licensing exam(s), an approval letter will be sent to the candidate, which includes instructions for applying for the examination(s) on-line.
7. **Exam results will not be given at the PSI Test Center or over the phone by PSI or the Board.** The passing score for the NAB is the "scale" score of 113. The passing score for the State Examination is 26. The Board will send exam results directly to candidates.

PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

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APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSURE BY ENDORSEMENT

Licensure by endorsement will be considered by the Board ***only when the applicant has complied with the provision of Section 39.4(2) and 39.8 of the Board's Rules and Regulations and all documentation has been submitted.***

Application Fee: \$40.00 check payable to the "Commonwealth of Pennsylvania." Not refundable or transferable.

If your license is not issued within one year from the date your application is received, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.

ALL ENTRIES MUST BE LEGIBLE.

1. Name _____ (Last) (First) (Middle)	
2. Address _____ (Street) _____ (City) (State) (Zip Code) <i>The address you provide is the address that will be associated with this application to which all correspondence will be mailed. Please note that licenses are not forwardable.</i>	
3. Telephone _____ Fax _____	
4. E-Mail Address _____	
5. Date of Birth _____	6. Social Security Number _____
7. EDUCATION INFORMATION List School(s) Attended: _____ Date of Graduation _____ _____ Month & Year _____ _____ Month & Year _____	
8. List all states where you hold or have held a license as a Nursing Home Administrator. State _____ NHA License Number _____ _____ _____ _____	

		YES	NO
9.	Are you a U.S. Citizen? If no, please explain and provide a statement regarding your intention of becoming a citizen of the United States. _____ _____	☐	☐
10.	Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? If you answered YES, please provide the name or names. Submit a copy of the legal document evidencing the name change (i.e., marriage certificate, divorce decree or court order). _____	☐	☐
11.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered YES to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession. _____ _____ The Board must receive verification of a license, certificate, permit, registration or other authorization to practice any health-related profession directly from the state or jurisdiction. <i>PLEASE NOTE: The Board does NOT need to receive verification for licenses issued by one of the licensing boards within the Pennsylvania Bureau of Professional and Occupational Affairs.</i>	☐	☐
If you answer YES to any of the following questions, provide complete details as well as copies of relevant documents to the Board office.		YES	NO
12.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	☐	☐
13.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	☐	☐
14.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	☐	☐
15.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, include any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	☐	☐
16.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	☐	☐
17.	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	☐	☐
18.	Have you ever had your DEA registration denied, revoked or restricted?	☐	☐
19.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	☐	☐
20.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	☐	☐
21.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	☐	☐

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

Applicant's Statement:

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Signature

Date