

STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

RENEWAL APPLICATION – Nursing Home Administrator

PLEASE COMPLETE

License Number: NH

Name: _____

Street: _____

City, State & Zip: _____

RETURN TO:
**State Board of Examiners of
 Nursing Home Administrators
 PO Box 8415
 Harrisburg, PA 17105-8415**

Check if applicable:

- ADDRESS CHANGE** – *The address above is a new address and not on file with the Board*
- NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree indicating retaking of a maiden name or legal court document).

SPECIAL NOTICE TO ALL HEALTH-RELATED LICENSEES AND FUNERAL DIRECTORS

Act 31 of 2014 – Continuing Education in Child Abuse Recognition and Reporting Requirements

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 the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable Board. Additional information regarding this requirement is posted on the Board’s website (www.dos.pa.gov/nursinghome) by clicking on “Announcements”.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to questions 2 through 11 – provide details AND attach certified copies of legal document(s).
		1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation 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. _____ _____
		2. Since your initial application or last renewal, whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, 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?
		5. Since your initial application or last renewal, whichever is later, 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.

YES	NO	If YES to questions 2 through 11 – provide details AND attach certified copies of legal document(s).
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or last renewal, whichever is later, have you 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?
		8. Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		9. Since your initial application or last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		10. Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?
		11. Since your initial application or last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

CONTINUING EDUCATION: You are required to maintain certificates for four years. Do not submit any certificates or proof of completion with this renewal application. The Board will be conducting a random audit and you will be required to supply them to the Board upon request. **NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action.**

SELECT ONE:

- I attended and completed at least 48 hours of PA approved or NAB approved continuing education programs or courses during the period of 7/1/14 to 6/30/16.
- I passed the NAB and/or R & R Examination(s) in Pennsylvania during the period of 7/1/14 to 6/30/16. My initial Pennsylvania license was issued on _____. I am required to attend and complete 2 hours of PA approved or NAB approved continuing education programs or courses per month from the date of PA licensure. I have completed _____ hours.

By signing below, I verify that this form 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 pursuant to 18 Pa. C.S. §4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is 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.

INACTIVE STATUS:

- I will not be practicing as a nursing home administrator in Pennsylvania after June 30, 2016 and request inactive status. **Questions, signature and date are required. No fee or continuing education is required.**

Signature (**Mandatory**): _____ Date: _____

EXPIRATION DATE →	6/30/2016 NOTE: Upon renewal the license will expire 6/30/2018
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	\$297.00
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 6/30/2016 PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES, RETURN BY: May 30, 2016	