



**STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS**

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

**Telephone:** (717) 783-7155  
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**Website:** [www.dos.pa.gov/nursinghome](http://www.dos.pa.gov/nursinghome)  
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**Courier Address:**  
2601 North Third Street  
Harrisburg, PA 17110

## **APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM**

### **INSTRUCTIONS:**

- a. Submit one application for each continuing education program. Please print or type.
- b. **Content specific to personal care homes and/or assisted living is not acceptable for nursing home administrators.**
- c. Applications cannot be considered unless all questions are answered.
- d. Submit \$15.00 per clock hour. Make check or money order payable to "Commonwealth of PA." **Application fees are not refundable.** If you do not receive the Board's approval of the continuing education program within one year from the date the 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.
- e. Attach a sample certificate of attendance.
- f. Presenter-faculty information must be submitted for each presenter. Attach a current resume-bio for all presenters.
- g. Attach a detailed description of program content.
- h. Attach a detailed time schedule, hour by hour, of subject matter (date(s) and specific times must be included in the time schedule).
- i. **Applications for approval of programs must be submitted to this Board 60 days in advance of presentation. The Board may consider an application submitted within 30 days if the program is limited to significant changes in State or Federal law or regulations which will be implemented within 60 days of their publication.**
- j. The Continuing Education Committee will review your application for continuing education approval. **If the program is approved, please note the continuing education approval number and the number of approved clock hours when you receive your approval letter. The approval number and the number of approved clock hours must be listed on certificates of attendance given to attendees of your program.**

**PLEASE NOTE:** 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. If program is approved by NAB, it is not necessary to complete this application.

**Title 49. Professional and Vocational Standards**  
**Part I. Department of State**  
**Subpart A. Professional and Occupational Affairs**  
**Chapter 39. State Board of Examiners of Nursing Home Administrators**

**§ 39.51. Standards for continuing education programs.**

- (a) A program shall consist of the subjects listed in § 39.14(a)(2) (relating to approval of programs of study).
- (b) The Board does not deem the following programs acceptable:
  - (1) Inservice programs which are not open to licensees.
  - (2) Programs limited to the organization and operation of the employer.

**§ 39.52. Program registration.**

- (a) All programs require preapproval, except as in § 39.61(b)(4) and (5) (relating to requirements).
- (b) An application for program approval shall be submitted at least 60 days before the scheduled starting date. The Board may consider an application submitted within 30 days if the program is limited to significant changes in State or Federal law or regulations which will be implemented within 60 days of their publication.
- (c) The provider number shall appear on the program application.
- (d) An applicant for program approval shall provide the following information:
  - (1) The full name and address of the eligible provider.
  - (2) The title of the program.
  - (3) The dates and location of the program.
  - (4) Faculty names, and biographical sketches, including curriculum vitae.
  - (5) A schedule of program—title of subject, lecturer, time allotted and the like.
  - (6) The total number of clock hours requested.
  - (7) An attendance certification method.
  - (8) A provider number.
  - (9) Objectives
  - (10) Core subjects.
  - (11) The program coordinator.
- (e) A program number will be issued on approval of program.

**§ 39.53. Revocation or suspension of approval.**

- (a) A provider may not indicate in any manner that approval has been granted until notification has been received from the Board.
- (b) Approval will be granted to a provider as a registered sponsor of continuing education programs until it is revoked or suspended for cause after a full and fair hearing on the merits. Failure to comply with this section, §§ 39.41, 39.43, 39.51, 39.52 and 39.54 or to meet standards, or refusal to allow reasonable inspection or to supply information upon request of the Board or its representatives are cause for revocation or suspension of approval.

**§ 39.54. Review.**

- (a) Approved providers shall be subject to onsite and offsite review of the program being presented by representatives of the Board.
- (b) Ongoing review of a provider will be on a selected basis subject to the physical presence of Board members or appointed representatives selected by the Board to evaluate program content, relevancy and acceptability.

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### APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM

**Check one:** This Application for Approval of Continuing Education Program is being submitted

- 60 days in advance of presentation.
- 30 days in advance of presentation because the program is limited to significant changes in State or Federal law or regulations which will be implemented within 60 days of their publication.

1. Provider name: \_\_\_\_\_
2. Provider number: PR \_\_\_\_\_
3. Telephone number: ( ) \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Contact person: \_\_\_\_\_
6. E-Mail Address: \_\_\_\_\_
7. Program title: \_\_\_\_\_
8. Clock hours requested: \_\_\_\_\_
9. Date(s) program will be offered: \_\_\_\_\_
10. Program location(s): \_\_\_\_\_  
*PLEASE NOTE: If this program will be offered on additional dates and locations that are not known at the time of application, it is necessary for you to submit notification to the Board office when these dates and locations are determined.*
11. Total fee (\$15/hr): \_\_\_\_\_

**Please answer additional questions on page 2.**

<b>FOR BOARD USE ONLY</b>	<b>BOARD REVIEW</b>
HOURS APPROVED _____	
CONTINUING EDUCATION APPROVAL NUMBER _____	
120 HOUR PROGRAM APPROVAL NUMBER _____	
1. REVIEWER: _____	
<input type="checkbox"/> APPROVED FOR _____ HOURS	<input type="checkbox"/> DISAPPROVED
2. REVIEWER: _____	
<input type="checkbox"/> APPROVED FOR _____ HOURS	<input type="checkbox"/> DISAPPROVED
3. REVIEWER: _____	
<input type="checkbox"/> APPROVED FOR _____ HOURS	<input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> REFER TO FULL BOARD	

12. Objectives of program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Check applicable core subjects:

**PLEASE NOTE: Content specific to personal care homes and/or assisted living is not acceptable for nursing home administrators.**

- a.  Administration, organization and management
- b.  Gerontology, diseases of aging, death and dying
- c.  The role of government in health policy and regulation
- e.  Fiscal management, budgeting and accounting
- f.  Personnel management and labor relations
- g.  Government and third-party reimbursement
- h.  Preparing for licensure/certification/accreditation surveys and meeting other regulatory requirements
- i.  Understanding regulations, deficiencies, plans of correction and quality assurance
- j.  The nursing department and resident care management
- k.  Rehabilitation services and special care services
- l.  Health support services: pharmacy, medical records and diagnostic services
- m.  Facility support services: building/grounds, housekeeping, laundry and central supply
- n.  Dietary department and resident nutrition
- o.  Social services, family and community relationships and resident rights
- p.  Risk management, safety and insurance
- q.  Strategic planning, marketing and public relations

14. Attach a detailed time schedule, hour by hour, of subject matter (**date(s) and specific times must be included in the time schedule**). **Credits are not given for coffee breaks, non-program lunches and exhibits.**

15. Methods of instruction (lecture, computer interactive, individual study, group dynamics, inclusion of audiovisual aids, other methods including reference readings): \_\_\_\_\_  
\_\_\_\_\_

16. Methods of evaluation (indicate methods to be used and how you will use evaluation findings. Attach copy of evaluation form, if applicable.): \_\_\_\_\_  
\_\_\_\_\_

17. What means will be used to publicize or otherwise announce the availability of the program to assure open attendance? **NOTE: Do not indicate in any manner that approval has been granted unless provider and program numbers have been issued by the Board.**

\_\_\_\_\_  
\_\_\_\_\_

18. Describe the methods to be used which certifies attendance and satisfactory completion of the program.

\_\_\_\_\_  
\_\_\_\_\_

19. Presenter-faculty information required for each presenter.

- a. Presenter's name: \_\_\_\_\_
- b. Presenter's telephone number: (\_\_\_\_\_) \_\_\_\_\_
- c. Presenter's address: \_\_\_\_\_
- d. Attach current curriculum vitae/resume for each presenter/faculty.

**Verification**

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 or revocation of my approval. 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.

Signature of provider representative: \_\_\_\_\_

Provider number: \_\_\_\_\_ Date: \_\_\_\_\_