

STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

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Harrisburg, PA 17110

APPLICATION FOR NURSING HOME ADMINISTRATOR EXAMINATIONS

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.

Applicants must carefully review the information below which outlines the options available to qualify to sit for the nursing home administrator examinations. You must provide the Required Documentation to evidence that you meet the qualifications under the regulation you choose to apply.

1. Acceptable master's degree AND 6 months of acceptable supervisory experience (§39.5(b)(4)(ii)(A) of the regulations).

Formal Education

Been awarded, from an accredited college or university, a master's degree in nursing home administration, in hospital administration, in public health administration or in another academic area, including social gerontology, in which there is an emphasis in related health facility administration.

AND

Work Experience

During the 5 years immediately preceding the date of application, either acquired 6 months of satisfactory full-time supervisory experience in the administration of a nursing home under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth or acquired 6 months of satisfactory full-time experience in the administration of a related health facility under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

Required Documentation:

- Transcript evidencing an acceptable master's degree must be received directly from the accredited college or university in a sealed official school envelope.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 6 months of full-time supervisory experience as stated above.
- Accurate and detailed description of your specific duties as a full-time supervisor that is signed and dated by you and your supervisor.
- Copy of facility's organization chart for the time period of your experience. Your position and your supervisor's position must be clearly identified.

2. Acceptable master's degree AND completion of 800 hour Board approved AIT program (§39.5(b)(4)(ii)(B) of the regulations).

Formal Education

Been awarded, from an accredited college or university, a master's degree in nursing home administration, in hospital administration, in public health administration or in another academic area, including social gerontology, in which there is an emphasis in related health facility administration.

AND

Work Experience

During the 2 years immediately preceding the date of application, acquired 800 hours of experience in the practice of nursing home administration by having served satisfactorily as an AIT in a nursing home under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth, in accordance with §§ 39.101--39.103.

Required Documentation:

- Transcript evidencing an acceptable master's degree must be received directly from the accredited college or university in a sealed official school envelope.
- Copy of AIT Program Completion Certificate received from the Board.

3. Bachelor's degree, completion of 120 hour program (if applicable) AND 9 months of acceptable assistant administrator experience (§39.5(b)(3)(iii)(A) of the regulations).

Formal Education

Been awarded a baccalaureate degree from an accredited college or university

AND

Successfully completed 120 clock hours in a program of study approved by the Board, unless the candidate has a baccalaureate degree in nursing home administration or a baccalaureate degree in a program equivalent to nursing home administration. The burden is on the candidate to demonstrate that the baccalaureate degree that the candidate has earned is equivalent to a baccalaureate degree in nursing home administration. Baccalaureate degree equivalency will be determined by the Board based upon the applicant's transcripts and course descriptions. Candidates who have successfully completed a baccalaureate curriculum which is not in nursing home administration or equivalent to nursing home administration, but incorporates the 120-hour program as part of the curriculum, are not required to complete the 120-hour program separately. The burden is on the candidate to demonstrate that the 120-hour program is incorporated in the baccalaureate curriculum. The Board will evaluate the transcripts and course descriptions of the candidate and compare them to the requirements of § 39.14(a)(2) to determine if the 120-hour program was successfully completed as part of the baccalaureate curriculum.

AND

Work Experience

During the 9 months immediately preceding the date of application, acquired experience in the practice of nursing home administration by having served satisfactorily in a nursing home or related health facility as a full-time assistant administrator under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

Required Documentation:

- Transcript evidencing a bachelor's degree must be received directly from the accredited college or university in a sealed official school envelope.
- Copy of certificate of attendance for the 120 hour program, if applicable.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 9 months experience as a full-time assistant administrator as stated above.
- Accurate and detailed description of your specific duties as a full-time assistant administrator that is signed and dated by you and your supervisor.
- Copy of facility's organization chart for the time period of your experience. Your position and your supervisor's position must be clearly identified.

4. Bachelor's degree, completion of 120 hour program (if applicable), 18 months of acceptable supervisory experience AND 1,000 hours in the practice of nursing home administration (§39.5(b)(3)(iii)(B) of the regulations).

Formal Education

Been awarded a baccalaureate degree from an accredited college or university

AND

Successfully completed 120 clock hours in a program of study approved by the Board, unless the candidate has a baccalaureate degree in nursing home administration or a baccalaureate degree in a program equivalent to nursing home administration. The burden is on the candidate to demonstrate that the baccalaureate degree that the candidate has earned is equivalent to a baccalaureate degree in nursing home administration. Baccalaureate degree

equivalency will be determined by the Board based upon the applicant's transcripts and course descriptions. Candidates who have successfully completed a baccalaureate curriculum which is not in nursing home administration or equivalent to nursing home administration, but incorporates the 120-hour program as part of the curriculum, are not required to complete the 120-hour program separately. The burden is on the candidate to demonstrate that the 120-hour program is incorporated in the baccalaureate curriculum. The Board will evaluate the transcripts and course descriptions of the candidate and compare them to the requirements of § 39.14(a)(2) to determine if the 120-hour program was successfully completed as part of the baccalaureate curriculum.

AND

Work Experience

During 18 months of the 5 years immediately preceding the date of application, served satisfactorily as a full-time supervisor in a nursing home or related health facility, 1,000 hours of which service shall have been in the practice of nursing home administration under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

Required Documentation:

- Transcript evidencing bachelor's degree must be received directly from the accredited college or university in a sealed official school envelope.
- Copy of certificate of attendance for the 120 hour program, if applicable.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 18 months experience as a full-time supervisor as stated above.
- Accurate and detailed description of your specific duties as a full-time supervisor that is signed and dated by you and your supervisor.
- Copy of facility's organization chart for the time period of your experience. Your position and your supervisor's position must be clearly identified.
- Completed Documentation and Certification of Completion of 1,000 Hour Requirement form (page 6) to document completion of 1,000 hours of service in the practice of nursing home administration as stated above.
- Accurate and detailed description of each of the areas listed on the Documentation and Certification of Completion of 1,000 Hour Requirement form that is signed and dated by you and your supervisor.

5. Bachelor's degree, completion of 120 hour program (if applicable) AND completion of 1,000 hour Board approved AIT program (§39.5(b)(3)(iii)(C) of the regulations).

Formal Education

Been awarded a baccalaureate degree from an accredited college or university

AND

Successfully completed 120 clock hours in a program of study approved by the Board, unless the candidate has a baccalaureate degree in nursing home administration or a baccalaureate degree in a program equivalent to nursing home administration. The burden is on the candidate to demonstrate that the baccalaureate degree that the candidate has earned is equivalent to a baccalaureate degree in nursing home administration. Baccalaureate degree equivalency will be determined by the Board based upon the applicant's transcripts and course descriptions. Candidates who have successfully completed a baccalaureate curriculum which is not in nursing home administration or equivalent to nursing home administration, but incorporates the 120-hour program as part of the curriculum, are not required to complete the 120-hour program separately. The burden is on the candidate to demonstrate that the 120-hour program is incorporated in the baccalaureate curriculum. The Board will evaluate the transcripts and course descriptions of the candidate and compare them to the requirements of § 39.14(a)(2) to determine if the 120-hour program was successfully completed as part of the baccalaureate curriculum.

AND

Work Experience

During the 2 years immediately preceding the date of application, acquired 1,000 hours of experience in the practice of nursing home administration by having served satisfactorily as an AIT in a nursing home under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth, in accordance with §§ 39.101--39.103 (relating to AIT Program).

Required Documentation:

- Transcript evidencing bachelor's degree must be received directly from the accredited college or university in a sealed official school envelope.

- Copy of certificate of attendance for the 120 hour program, if applicable.
- Copy of AIT Program Completion Certificate received from the Board.

6. Two years of college-level study, completion of 120 hour program AND 18 months of acceptable assistant administrator experience (§39.5(b)(1)(iii)(A) of the regulations).

Formal Education

Successfully completed 120 clock hours in a program of study approved by the Board

AND

Successfully completed 2 academic years of college-level study, 30 semester hours each year, in an accredited institution of higher learning

AND

Work Experience

During the 18 months immediately preceding the date of application, acquired experience in the practice of nursing home administration by having served satisfactorily in a nursing home or related health facility as a full-time assistant administrator under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of this Commonwealth.

Required Documentation:

- Transcript evidencing 2 years of college-level study must be received directly from the accredited college or university in a sealed official school envelope.
- Copy of certificate of attendance for the 120 hour program.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 18 months of experience as a full-time assistant administrator as stated above.
- Accurate and detailed description of your specific duties as a full-time assistant administrator that is signed and dated by you and your supervisor.
- Copy of facility's organization chart for the time period of your experience. Your position and your supervisor's position must be clearly identified.

7. Two years of college-level study, completion of 120 hour program, 3 years of acceptable supervisory experience AND 1,000 hours in the practice of nursing home administration (§39.5(b)(1)(iii)(B) of the regulations).

Formal Education

Successfully completed 120 clock hours in a program of study approved by the Board

AND

Successfully completed 2 academic years of college-level study, 30 semester hours each year, in an accredited institution of higher learning

AND

Work Experience

During 3 of 5 years immediately preceding the date of application, served satisfactorily as a full-time supervisor in a nursing home or related health facility, 1,000 hours of which service shall have been in the practice of nursing home administration under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

Required Documentation:

- Transcript evidencing 2 years of college-level study must be received directly from the accredited college or university in a sealed official school envelope.
- Copy of certificate of attendance for the 120 hour program.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 3 years experience as a full-time supervisor as stated above.
- Accurate and detailed description of your specific duties as a full-time supervisor that is signed and dated by you and your supervisor.

- Copy of facility's organization chart for the time period of your experience. Your position and your supervisor's position must be clearly identified.
- Completed Documentation and Certification of Completion of 1,000 Hour Requirement form (page 6) to document completion of 1,000 hours of service in the practice of nursing home administration as stated above.
- Accurate and detailed description of each of the areas listed on the Documentation and Certification of Completion of 1,000 Hour Requirement form that is signed and dated by you and your supervisor.

8. Currently renewed registered nurse license, completion of 120 hour program, 6 months of acceptable director of nursing experience AND 12 months of acceptable assistant administrator experience (§39.5(b)(2)(iii)(A) of the regulations).

Formal Education

Successfully completed 120 clock hours in a program of study approved by the Board

AND

Been issued a registered nurse license in this Commonwealth which is currently renewed

AND

Work Experience

During the 18 months immediately preceding the date of the application, served satisfactorily as a full-time director of nursing for 6 months and, during the 12 months immediately preceding the date of application, but not concurrent with the service as a director of nursing, acquired experience in the practice of nursing home administration by having served satisfactorily as a full-time assistant administrator in a nursing home or related health facility under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

Required Documentation:

- Copy of current registered nurse license.
- Copy of certificate of attendance for the 120 hour program.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 6 months of experience as a full-time director of nursing as stated above.
- Accurate and detailed description of your specific duties as a full-time director of nursing that is signed and dated by you and your supervisor.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 12 months of experience as a full-time assistant administrator as stated above.
- Accurate and detailed description of your specific duties as a full-time assistant administrator that is signed and dated by you and your supervisor.
- Copy of facility's organization chart for the time period of your experience. Your position and your supervisor's position must be clearly identified.

9. Currently renewed registered nurse license, completion of 120 hour program, 2 years of acceptable director of nursing experience AND 1,000 hours in the practice of nursing home administration (§39.5(b)(2)(iii)(B) of the regulations).

Formal Education

Successfully completed 120 clock hours in a program of study approved by the Board

AND

Been issued a registered nurse license in this Commonwealth which is currently renewed

AND

Work Experience

During 2 of the 5 years immediately preceding the date of application, served satisfactorily as a full-time director of nursing in a nursing home or related health facility, 1,000 hours of which service shall have been in the practice of nursing home administration under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

Required Documentation:

- Copy of current registered nurse license.
- Copy of certificate of attendance for the 120 hour program.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 2 years experience as a full-time director of nursing as stated above.
- Accurate and detailed description of your specific duties as a full-time director of nursing that is signed and dated by you and your supervisor.
- Copy of facility's organization chart for the time period of your experience. Your position and your supervisor's position must be clearly identified.
- Completed Documentation and Certification of Completion of 1,000 Hour Requirement form (page 6) to document completion of 1,000 hours of service in the practice of nursing home administration as stated above.
- Accurate and detailed description of each of the areas listed on the Documentation and Certification of Completion of 1,000 Hour Requirement form that is signed and dated by you and your supervisor.

10. High school diploma, completion of 120 hour program, 2 years of practical experience in the administration of a nursing home AND 18 months of acceptable assistant administrator experience (§39.5(b)(5)(iii)(A) of the regulations).

High school diploma

Successfully completed 120 clock hours in a program of study approved by the Board

AND

Acquired 2 years of satisfactory practical experience in the administration of a nursing home or related health facility, 1,000 hours of which practical experience shall have been under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth. A candidate will be required to appear personally before the Board to present documentation of the satisfactory practical experience claimed which includes a general knowledge of each of the following areas that are generally dealt with by a nursing home administrator: budget, hiring and firing, planning, personnel, supervision of staff, psychology of patients, medical and legal terminology, Federal and State rules and regulations governing nursing homes, rights of patients, basic principles of contract and tort law, principles of safety, purchasing, dietetic requirements and patient care.

AND

Work Experience

During the 18 months immediately preceding the date of application, acquired experience in the practice of nursing home administration by having served satisfactorily in a nursing home or related health facility as a full-time assistant administrator under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

Required Documentation:

- Copy of high school diploma or GED Certificate.
- Copy of certificate of attendance for the 120 hour program.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 18 months experience as a full-time assistant administrator as stated above.
- Accurate and detailed description of your specific duties as a full-time assistant administrator that is signed and dated by you and your supervisor.
- Copy of facility's organization chart for the time period of your experience. Your position and your supervisor's position must be clearly identified.

Please note that you will be scheduled to appear personally before the Board at its next scheduled meeting.

11. High school diploma, completion of 120 hour program, 2 years of practical experience in the administration of a nursing home, 3 years of acceptable supervisory experience AND 1,000 hours in the practice of nursing home administration (§39.5(b)(5)(iii)(B) of the regulations).

High school diploma

Successfully completed 120 clock hours in a program of study approved by the Board

AND

Acquired 2 years of satisfactory practical experience in the administration of a nursing home or related health facility, 1,000 hours of which practical experience shall have been under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth. A candidate will be required to appear personally before the Board to present documentation of the satisfactory practical experience claimed which includes a general knowledge of each of the following areas that are generally dealt with by a nursing home administrator: budget, hiring and firing, planning, personnel, supervision of staff, psychology of patients, medical and legal terminology, Federal and State rules and regulations governing nursing homes, rights of patients, basic principles of contract and tort law, principles of safety, purchasing, dietetic requirements and patient care.

AND

Work Experience

During 3 of the last 5 years immediately preceding the date of application, served satisfactorily as a full-time supervisor in a nursing home or related health facility, 1,000 hours of which service shall have been in the practice of nursing home administration under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

Required Documentation:

- Copy of high school diploma or GED certificate.
- Copy of certificate of attendance for the 120 hour program.
- Completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5) to document 3 years experience as a full-time supervisor as stated above.
- Accurate and detailed description of your specific duties as a full-time supervisor that is signed and dated by you and your supervisor.
- Copy of facility's organization chart for the time period of your experience. Your position and your supervisor's position must be clearly identified.
- Completed Documentation and Certification of Completion of 1,000 Hour Requirement form (page 6) to document completion of 1,000 hours of service in the practice of nursing home administration as stated above.
- Accurate and detailed description of each of the areas listed on the Documentation and Certification of Completion of 1,000 Hour Requirement form that is signed and dated by you and your supervisor.

Please note that you will be scheduled to appear personally before the Board at its next scheduled meeting.

*****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 completed within 90 days of submission of this application to the Board. 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 **certified** 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. 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.*
8. Provide a criminal background check completed within 90 days of submission of this application to the Board. 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.)
9. If you choose to apply with a master's degree, bachelor's degree, or 2 years of college-level study, you must request a transcript to be **sent directly from the accredited college or university in a sealed official school envelope** certifying the applicable education.
OR
If you choose to apply with a current registered nurse license, you must provide a copy of your current license.
OR
If you choose to apply with your high school diploma, you must provide a copy of your high school diploma or GED Certificate.
10. If you choose to apply under a section of the regulations that requires completion of the 120 hour program, please submit a copy of your certificate of attendance for the program.
11. You must submit completed Documentation and Certification of Applicant's Work Experience form(s) (page 4 & 5), which includes the attached description of your specific duties and organization chart, to document the experience identified under the section of the regulations you are applying. *For example, if you have choose to apply with 9 months of acceptable assistant administrator experience, you must submit completed Documentation and Certification of Applicant's Work Experience form(s) and attachment(s) that document 9 months of experience as an assistant administrator as outlined in the Board's regulations.*
12. You must submit a copy of the facility's organization chart for the time period of your experience that clearly identifies your position and your supervisor's position. An organization chart is required for each position you document.
13. If you choose to apply under a section of the regulations that requires completion of 1,000 hours in the practice of nursing home administration, you must submit a completed Documentation and Certification of Completion of 1,000 Hour Requirement form (page 6), which includes the attached description of each of the areas listed on the form.
14. If you choose to apply under a section of the regulations that requires completion of a Board approved AIT program, you must submit a copy of the AIT Program Completion Certificate received from the Board.
15. You must provide a copy of your current curriculum vitae/resume.

****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.

STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

Mailing Address:

P.O. Box 2649
Harrisburg, PA 17105-2649
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Courier Address (if using a mailing service that requires a street address):

2601 North Third Street
Harrisburg, PA 17110
Fax: (717) 787-7769

APPLICATION FOR NURSING HOME ADMINISTRATOR EXAMINATIONS

Application for examination or licensure will be considered by the Board **only when the applicant has completed both the educational and work experience requirements and all documentation has been received.**

Application Fee: \$40.00 check or money order payable to the "Commonwealth of Pennsylvania." 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.

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. You must check one education/experience option below that you have completed in order to qualify to sit for the nursing home administrator examinations: 1. <input type="checkbox"/> Master's degree/6 mo supervisory exp 2. <input type="checkbox"/> Master's degree/800 hour AIT program 3. <input type="checkbox"/> Bachelor's degree/120 hour program/9 mo asst admin 4. <input type="checkbox"/> Bachelor's degree/120 hour program/18 mo supervisor with 1,000 hours 5. <input type="checkbox"/> Bachelor's degree/120 hour program/1,000 hour AIT program 6. <input type="checkbox"/> 2 years college/120 hour program/18 mo asst admin 7. <input type="checkbox"/> 2 years college/120 hour program/3 yrs supervisor with 1,000 hours 8. <input type="checkbox"/> RN license/120 hour program/6 mo DON/12 mo asst admin 9. <input type="checkbox"/> RN license/120 hour program/2 yrs DON with 1,000 hours 10. <input type="checkbox"/> High school diploma/120 hour program/18 mo asst admin 11. <input type="checkbox"/> High school diploma/120 hour program/3 yrs supervisor with 1,000 hours	

		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. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
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). _____	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you answer YES to any of the following questions, provide complete details as well as <u>certified</u> copies of relevant documents to the Board office.</i>		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?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever had your DEA registration denied, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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

DOCUMENTATION AND CERTIFICATION OF APPLICANT'S WORK EXPERIENCE

INSTRUCTIONS

- A. All required information must be legible. Continue on 8½" x 11" sheet(s) of paper. Each additional sheet must be signed and dated.
 - B. Use a separate Documentation and Certification of Applicant's Work Experience for each supervisor, employer or work experience.
 - C. Provide an accurate and detailed description of the applicant's specific duties, which includes the applicant's supervisory responsibilities (title(s)/position(s) the applicant has authority/responsibility to hire, terminate, discipline and monitor). **Each page of the description must be signed and dated by the applicant and the supervising nursing home administrator.**
 - D. Do not submit a general job description – this will not satisfy the requirement.
 - E. The Board does not view supervision by an applicant's subordinate as acceptable supervisory experience.
 - F. All supervision must be under a full-time currently licensed nursing home administrator. Section 39.1 of the Board's regulations defines full-time as a minimum of 4 days per week comprising a minimum of 35 hours.
 - G. Provide a copy of the facility's organization chart for the time period of the applicant's experience. The supervisor's position and the applicant's position must be clearly identified.
 - H. Experience gained in Personal Care Facilities is not acceptable experience.
-

PART 1

1. Name of Employer/Supervisor: _____
(Last) (First) (Middle)
2. Employer/Supervisor Title/Position: _____ License #: _____
3. Name of Facility: _____
4. Address of Facility: _____
5. Facility's Phone Number: _____ Fax #: _____
6. Check or enter information for each of the listed items:
 - Hospital – Number of Beds: _____
 - Nursing Home - Affiliation (if any)
 - Hospital _____ Multi-facility Corp. _____
 - Number of Beds: Extended Care _____ Nursing Care _____
 - Apartments _____ Personal Care _____
 - Residential _____
 - Other Services: Home Health Care _____ Day Care _____
 - Meals on Wheels _____ Outpatient Therapies _____
 - Other _____

DOCUMENTATION AND CERTIFICATION OF APPLICANT'S WORK EXPERIENCE
CONTINUED

7. The facility employs _____ assistant administrators of whom _____ are licensed.
Number Number
8. The full-time licensed administrator at this facility during the time period of the applicant's experience was/is _____
§39.1 of the Board's regulations defines full-time as a minimum of 4 days per week comprising a minimum of 35 hours.
9. The licensed administrator held this position since _____
(Month and Year)
10. The name of the person in authority at the facility when the licensed nursing home administrator was/is absent:

(Name) (Title)
11. Name of Applicant: _____
(Last) (First) (Middle)
12. Title/Position of Applicant: _____
13. Applicant's Dates of Experience: _____ to _____
(Beginning Date – Month/Day/Year) (Ending Date – Month/Day/Year)

PART 2

14. Provide on separate 8½" x 11" sheet(s) of paper an accurate and detailed description of the applicant's specific duties, which includes the applicant's supervisory responsibilities (title(s)/position(s) the applicant has authority/responsibility to hire, terminate, discipline and monitor). **Each page of the description must be signed and dated by the applicant and the supervising nursing home administrator.**

Certification:

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. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

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.

Employer's/Supervisor's Signature License # _____ Date

Applicant's Signature Date

