

(02/2020)

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

Reactivation Checklist

- Fully completed Reactivation Application.
- Check or money order made payable to the "Commonwealth of PA" for the biennial renewal fee(s) and applicable late fees if necessary.

FEES ARE NOT REFUNDABLE. *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.*

- Fully completed Verification of Practice/Non-Practice.
- Documentation of completion of the required number of continuing education clock hours. *Please review the attached Continuing Education Information for assistance in providing acceptable continuing education documentation.*
- 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 reactivation of a license shall be required to complete 2 hours of Department of State/Board approved training in child abuse recognition and reporting requirements as a condition of reactivation. 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.](#)
- 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 by choosing "Place a Self-Query Order". 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.)

PLEASE NOTE: Licenses expire on June 30th of the even numbered year, regardless of reinstatement date.

STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

Reactivation Application

Licenses expire on June 30th of the even numbered year, regardless of reinstatement date.

PLEASE PRINT						
Full Name	Last	First	Middle			Send to: State Board of Examiners of Nursing Home Administrators P.O. Box 2649 Harrisburg, PA 17105-2649 <i>Courier address for mailing services requiring a street address:</i> State Board of Examiners of Nursing Home Administrators 2601 North Third Street Harrisburg, PA 17110
Address						
Address						
Address	City	State	Zip			
Email						
License No.	NH					

Name Change			
For a name change, indicate new name below and attach and 8 ½ x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, court order, etc.).			
New Name	Last	First	Middle

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to questions 2 through 9 – 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 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. _____ _____
		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 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?
		6. Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		7. 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?

YES	NO	If YES to questions 2 through 9 – provide details AND attach certified copies of legal document(s).
		8. 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?
		9. 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?

**ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT
AND CERTAIN CRIMINAL ACTIVITY (mandatory for all licensees; signature required)**

I, _____, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am **REQUIRED** pursuant to Act 6 of 2018 to **NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following:** (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. **I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board.** I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at www.pals.pa.gov and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

Licensee Signature

Date

Check one applicable statement.

- YES**, I have practiced as a nursing home administrator in Pennsylvania after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee of \$297.00 and applicable late renewal fees (\$5.00 per month or part of the month after the expiration date).
- NO**, I have not practiced as a nursing home administrator in Pennsylvania at any time after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee of \$297.00.

FEE – Check/money order payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. FEES ARE NOT REFUNDABLE. 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.

Verification of Continuing Education: Copies of certificates of attendance for the required number of continuing education clock hours must be submitted with this reactivation application. Please review the attached Continuing Education Information for assistance in providing acceptable continuing education documentation.

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.

Signature (**Mandatory**): _____

Date: _____

Social Security Number: _____

Date of Birth: _____

(02/2020)

State Board of Examiners of Nursing Home Administrators

P. O. Box 2649

Harrisburg, PA 17105-2649

Verification of Practice/Non-Practice

*** Your reactivation cannot be processed unless this page is completed ***

Name	
License No.	NH
Profession	Nursing Home Administrator

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating. THEN answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO
2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

I understand that any false statement made is 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 and/or certification.

(Signature of Licensee)

(Date)

Continuing Education Information

Reactivation Applications must be accompanied by proof of completion of at least 48 clock hours of acceptable continuing education completed within two years of the date of reactivation. Continuing education programs must be approved by the PA NHA Board or the National Association of Long Term Care Administrator Boards (NAB).

- All 48 clock hours of continuing education may be taken in lecture, college or university, computer interactive, distance learning or correspondence courses preapproved by NAB or the PA NHA Board.

Documentation

Certificates of attendance/completion must contain the following information:

- Your name
- Date of course/program
- Number of continuing education hours earned
- A statement that the course/program was approved by the PA NHA Board or NAB (NAB approval may also be reflected as NCERS)

- A maximum of 12 clock hours of continuing education may be earned by serving as an instructor of an NAB or PA NHA Board approved continuing education program or a college or university course. Instructors may earn 1 clock hour for each hour of instruction up to 12 clock hours.

Documentation

- i) For serving as an instructor of an NAB or PA NHA Board approved continuing education program, a certificate or letter from the approved sponsor identifying the following:

- Your name
- Course/program name
- Date of course/program
- Number of hours

- ii) For serving as an instructor of a college or university course, you must submit a copy of the approval letter received from the PA Board identifying the number of clock hours awarded (maximum of 12 clock hours).

- A maximum of 24 clock hours of continuing education may have been awarded by the PA Board for authoring an article on long-term care in a professional journal, if you previously submitted an NHA Request for Continuing Education Approval application and received an approval letter from the Board.

Documentation

Copy of the approval letter received from the PA Board identifying the number of clock hours awarded.

- A maximum of 12 clock hours of continuing education may have be awarded retroactively by the PA NHA Board for attending programs, to include lectures, and college or university courses, which were not been preapproved by NAB or the PA NHA Board, if you previously submitted an NHA Request for Continuing Education application and received an approval letter from the Board.

Documentation

Copy of the approval letter received from the PA NHA Board identifying the number of clock hours awarded.

- A maximum of 24 clock hours may be obtained by serving as a supervisor in a Board-approved Administrator In Training (AIT) program, when the AIT successfully completes the AIT program.

Documentation

Copy of the Completed Administrator In Training Program certificate received from the PA NHA Board.