

<b>***FOR OFFICE USE ONLY***</b>
Signature of Board Members:



<b>***FOR OFFICE USE ONLY***</b>
Application Approved:
License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

**Rhode Island  
Board of Examiners for  
Nursing Home Administrators**

Room 105  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For  
License As A  
Nursing Home Administrator***

By

- Examination       Endorsement
- ACHCA Certification

*Applicant - Print Name (First/MI/Last)*

# GENERAL INFORMATION

## Enclosures

The following materials and information should be enclosed within this application packet:

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Instructions for Completing Application.....	5
Application Materials	
Application.....	6-10
Application Checklist.....	11
Interstate Verification Form - Other State License(s).....	12
Administrator in Training (AIT) Certification Form.....	13

## Licensure Requirements

- Recent passport type photograph (Approximately 2 X 2 inches in size - head & shoulder view).
- Official transcript(s) (sent directly from the registrar to the Board) from an accredited college/university verifying at least a bachelor's degree in health care administration or equivalent\* or any discipline and courses totaling fifteen (15) hours to satisfy each domain of practice as follows: resident care management in nursing home, personnel management, financial management, environmental management of nursing homes, governance and management of nursing homes. **One course may satisfy up to two domains of practice. Provide course description from college/university course catalog.** Course description **must** include: Course title, course number, college or university, credit and grade.
- Birth Certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status **and** eligibility for employment in the United States (**original or a copy notarized as being a true copy of the original**).
- Two (2) letters of good moral character sent directly to the Board of Examiners for Nursing Home Administrators.

**\*NOTE:** Bachelor's Degree must be in Health Care Administration (HCA) or you must possess a Bachelor's Degree with 15 credits in the following areas: Residential Care Management in Nursing Homes; Financial Management, Personnel Management, Environmental Management of Nursing Homes, Governance and Management of Nursing Homes (See pages 7-8, Sect. 11).

## By Endorsement

- All requirements listed under "Licensure Requirements" above.
- Results of the Nursing Home Administrator examination sent directly from the state of original licensure or the examination service to the Board.
- Written documentation of previous five (5) years of experience as administrator of a long-term care facility, to include letters of recommendation from each owner or governing body and
- No less than three (3) years experience in the most recent five (5) years in as a licensed Nursing Home Administrator in a long-term care facility.
- State (s) survey/absence of finding of substandard care, etc., within the most recent five (5) years.
- 40 continuing education credits within the last two (2) years (20 CEUs/year).
- Administrator in Training (AIT) Certification (page 13) sent directly to the Board.

# GENERAL INFORMATION (CONTINUED)

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## **By Examination**

- Pass a written examination (National Association of Board Examiners of Long Term Care Administrators (NAB)). Prior to sitting for the written examination, an applicant for licensure shall be required to complete all requirements for licensure (referenced under licensure requirements) except for passing the examination.
- Documentation of Three Hundred Fifty (350) Hours of Field Experience (see form on page 13). It must be notarized and sent directly from the Administrator (or equivalent notarized verification of supervised practice).
- Administrator in Training (AIT) Certification (page 13) sent directly to the Board.

## **ACHCA Certification**

- All requirements listed under “Licensure Requirements” (previous page).
- Certification by the American College of Health Care Administrators (ACHCA) sent directly from ACHCA to the Board.

## **Rules and Regulations/Laws**

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Title 5, Chapter 45 of the RI General Laws, entitled Licensing of Nursing Home Administrators can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title5/5-45/index.htm>



# APPLICATION PROCESS OVERVIEW

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Examiners for Nursing Home Administrators (Board).

## **Application Process**

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 10) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

All applications and materials must be complete and on file 30 days prior to the upcoming Board meeting. Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice, criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and for a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site (Approximately ten (10) days after Board Meeting):***

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5888.

# INSTRUCTIONS FOR COMPLETING THE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## **General Instructions**

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## **Completing your Application**

1. Complete the application pages (6-10). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Attach a notarized Copy of Birth Certificate or proof of lawful entry into country.
3. Affix a recent passport type photo of yourself in the space provided (page 10).
4. Provide Documentation as described in "Licensure Requirements" (pages 2-3).
5. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 11). Do not submit the application without all applicable information and documentation. Mail these components of the application to:

**Rhode Island Department of Health  
Board of Examiners for Nursing Home Administrators, Room 105  
3 Capitol Hill  
Providence, RI 02908-5097**



# State of Rhode Island Board of Examiners for Nursing Home Administrators

## Application for License as a Nursing Home Administrator

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

<b>1. Name(s)</b>  This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/Certificate. Do not use nicknames, etc.	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Title (i.e., Mr., Mrs., Ms., etc.) <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> First Name <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Middle Name <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Surname, (Last Name) <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Suffix (i.e., Jr., Sr., II, III) <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Maiden, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last). <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
<b>2. Social Security Number</b>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> U.S. Social Security Number <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> <p style="font-size: small; margin-top: 5px;"><b>“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</b></p>
<b>3. Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>4. Date of Birth</b>	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 15px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
<b>5. Home Address</b>  It is your responsibility to notify the board of all address changes.	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> 1st Line Address (Apartment/Suite/Room Number, etc.) <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Second Line Address (Number and Street) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> <div style="border: 1px solid black; width: 60px; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> Country, If <b>NOT</b> U.S. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> <div style="border: 1px solid black; width: 60px; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <span>Home Phone</span> <span>Home Fax</span> </div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> Email Address (Format for email address is Username@domain e.g. applicant@isp.com)
<b>6. Business Address (ONLY if it is RELATED to your license.)</b>  It is your responsibility to notify the board of all address changes.  <b><i>This address will appear on the Department of Health web site.</i></b>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Name of Business/Work Location <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> 1st Line Address (Department/Suite/Room Number, etc.) <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Second Line Address (Number and Street) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> <div style="border: 1px solid black; width: 60px; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> Country, If <b>NOT</b> U.S. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> <div style="border: 1px solid black; width: 60px; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <span>Business Phone</span> <span>Extension</span> <span>Business Fax</span> </div>



**11. NON-HCA  
Applicant  
Coursework  
(Continued)**

**NOTE:** This section pertains to Endorsement and Examination Applicants who do NOT possess a HCA Degree ONLY

**Domain of Practice**

**2. Personnel Management**

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_

College or University \_\_\_\_\_

Credit and Grade \_\_\_\_\_

**3. Financial Management of Nursing Homes**

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_

College or University \_\_\_\_\_

Credit and Grade \_\_\_\_\_

**4. Environmental Management of Nursing Homes**

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_

College or University \_\_\_\_\_

Credit and Grade \_\_\_\_\_

**5. Governance and Management of Nursing Homes**

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_

College or University \_\_\_\_\_

Credit and Grade \_\_\_\_\_

Comments: \_\_\_\_\_

I have completed the courses at the College/University(s) listed above and **I have also attached copies of course descriptions from my College/University Course Catalog.** Please Note: If the course descriptions are not included, your application will not be considered complete until they are received.



**14. Affidavit of Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am of good and moral character and I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Nursing Home Administrator in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners for Nursing Home Administrators of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary



\_\_\_\_\_  
Notary No./Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

**15. Recent Photograph**

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph and provide the date that the photograph was taken.

\_\_\_\_\_  
Date of Photograph

# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 6-10).
- I have attached the cover page of the application.
- I have completed Section 14, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 15, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a Birth Certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status **and** eligibility for employment in the United States (**original or a copy notarized as being a true copy of the original**).
- I have arranged my Board Application materials in the following order.
  1. Board Application (including cover page) and pages 6-10.
  2. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application **MUST** indicate the section for which the information is being reported.]

I have mailed the above application materials directly to the Rhode Island Board of Examiners for Nursing Home Administrators (Board).

## Required Forms

- I have completed and mailed the following forms as instructed.
  1. have requested my AIT Certification (**Page 13, Examination and Endorsement Candidates Only**).
  2. Interstate Verification Form(s) - Other State License(s) (**Page 12, Endorsement Candidates Only**).

## Other Documents

- I have requested a school transcript.
- I have requested two (2) letters of good moral character be sent directly to the Board.
- I have requested my certification score as instructed (**Endorsement Candidates Only**).
- I have attached State Surveys within the most recent five (5) years (**Endorsement Candidates Only**).



# Rhode Island Board of Examiners for Nursing Home Administrators

Substitute forms are not acceptable, copy this form as needed.

Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5888

## INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S)

I am applying for a license to practice as a Nursing Home Administrator in the State of Rhode Island. The Rhode Island Board of Examiners for Nursing Home Administrators requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Examiners for Nursing Home Administrators at the above address.

Print/Type Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Previous Names Used \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY THE NURSING HOME ADMINISTRATOR BOARD

Nursing Home Administrator Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

**Questions:**

- Has this licensee ever been investigated by your Board?  Yes  No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending?  Yes  No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?  Yes  No
- Do you know of any information that may discredit this person?  Yes  No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

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

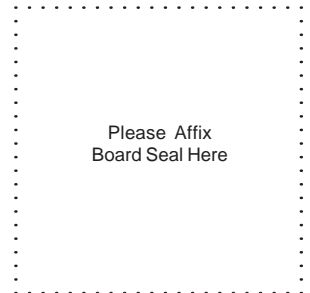
### Certification:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Title \_\_\_\_\_

Full Name of Licensing Board \_\_\_\_\_



Please return directly to the Board at the above address. Thank you for your prompt cooperation.



# Rhode Island Board of Examiners for Nursing Home Administrators

Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5888

Substitute forms are not acceptable, copy this form as needed.

## Documentation of Three Hundred Fifty (350) Hours of Field Experience (AIT Certification Form - Required for Examination and Endorsement Applicants Only)

Print/Type Applicant's Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

*R5-45-NHA, "Rules and Regulations for Licensing of Nursing Home Administrators" - Section 3.0, "Qualifications for Licensure" - requires successful completion of a degree in a health-care related field from an accredited College or University **and** requires satisfactory completion of a field experience of at least three hundred fifty (350) hours, within a twelve (12) month period, in a training capacity in a licensed nursing facility that shall include training in the following areas: Administration, Nursing, Activities Department, Social Services/Admissions, Human Resources, Rehabilitation Department, Medical/Patient Records, Business Office, Dietary Department, Environment/Maintenance and Housekeeping/Laundry. At the conclusion of the field experience, the administrator of the licensed nursing facility where the field experience was performed must attest that the training included each area.*

I hereby attest that \_\_\_\_\_ has satisfactorily completed three hundred fifty (350) hours\* of Field Experience in the following areas:

<input type="checkbox"/> Administration	<input type="checkbox"/> Nursing	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Activities Department	<input type="checkbox"/> Admissions	<input type="checkbox"/> Medical/Patient Records
<input type="checkbox"/> Dietary Department	<input type="checkbox"/> Environment/Maintenance	<input type="checkbox"/> Business Office
<input type="checkbox"/> Rehabilitation Department	<input type="checkbox"/> Social Services/Admissions	<input type="checkbox"/> Housekeeping/Laundry
<input type="checkbox"/> Other, Explain: _____		
<input type="checkbox"/> Total number of hours in AIT Training Program _____		

**\*Hours should be approximate. The weights accorded the six domains of practice per NAB:**

16% Resident Care Management	25% Financial Management	11% Environmental Management
13% Personnel Management	19% Regulatory Management	20% Organizational Management

RI NHA Name \_\_\_\_\_ RI NHA License Number \_\_\_\_\_

RI NHA Signature \_\_\_\_\_ Date of Signature (MM/DD/YY) \_\_\_\_\_

RI Nursing Facility \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp) \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Notary Seal

Notary No/Commission No. \_\_\_\_\_

Commission Expiration Date (MM/DD/YY) \_\_\_\_\_