

NURSING HOME ADMINISTRATOR REGISTRATION CHECKLIST

All Registrants

- Ensure that all required sections of your application are complete and legible. Failure to submit a complete application will delay the processing of your application.
- Sign and date your application in the presence of a Notary Public.
- Keep a copy of your application and all supporting documentation.
- Return your completed application with original signature, any required attachments and fee (renewing applicants only), in the form of a check or money order made payable to the **New York State Department of Health** to:

NEW YORK STATE DEPARTMENT OF HEALTH
Board of Examiners of Nursing Home Administrators
Bureau of Professional Credentialing
875 Central Avenue
Albany, New York 12206

Initial Registration:

Registration can be done only after the initial application (DOH-641) is approved and both parts of the nursing home administrator licensing exam are passed. No registration fee is required to register initially. Please disregard Section 5: Continuing Education Requirement. The following needs to be completed on pages 2 and 4 of this application:

- Section 1: Action Requested
- Section 2: Applicant Information
- Section 3: Employment
- Section 4: Character and Suitability Information
- Section 6: Child Support Obligation
- Section 7: Notarized Signature

Registration Renewal:

All sections of this application need to be completed, including:

- Section 1: Action Requested
- Section 2: Applicant Information
- Section 3: Employment
- Section 4: Character and Suitability Information
- Section 5: Continuing Education Requirements (Ensure the continuing education being claimed totals at least 48 clock hours. Late registrants should contact the Department for the appropriate required continuing education requirements).
- Section 6: Child Support Obligation
- Section 7: Notarized Signature
- Registration fee (\$40) in the form of a check or money order made payable to the New York State Department of Health. (Late registrants should contact the Department to calculate the applicable fees including late fees).

Inactive Status Registration:

You must be in good standing to be put into voluntary inactive status. The following sections should be completed:

- Section 1: Action Requested (check inactive status)
- Section 2: Applicant Information
- Section 7: Notarized Signature. Please sign, no notarized signature required.
- No fee is required to request inactive status.

It is unlawful for you to practice or represent yourself as the Administrator-of-Record of a nursing home in New York State in the absence of a current New York State registration. Doing so may result in sanctions by the Board.

Application for Registration as a Nursing Home Administrator

Section 1: ACTION REQUESTED

Initial Registration
 Registration Renewal
 Inactive Status
 Registration Reactivation

Section 2: APPLICANT INFORMATION

Nursing Home Administrator License #	Expiration Date	Office Use Only
Last Name	First Name	Registration Action:
	Middle Initial	Cashline:
Home Street Address		<input type="checkbox"/> Approved / /
	Apt. #	<input type="checkbox"/> Other / /
City/Town/Village	State	Comment(s)
	Zip Code	_____
E-mail Address (Preferred):	Phone (Home):	_____
E-mail Address (Secondary):	Phone (Work):	_____
	Phone (Cell):	_____
		Reviewer: _____

Section 3: EMPLOYMENT

Has your employment changed since your last renewal? Yes No
 Are you the Administrator of record (AOR)? Yes No

Employer Name and Address	Job Title of Current Position _____ Date First Employed in Current Position _____ Operating Certificate # (if applicable) _____
---------------------------	---

Section 4: CHARACTER AND SUITABILITY INFORMATION

Since your last renewal or licensure application, have you been convicted of a crime (felony or misdemeanor) in any state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since your last renewal or licensure application, have you been charged with a crime (felony or misdemeanor) in any state or country, the disposition of which was other than acquittal or dismissal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since your last renewal or licensure application, have you surrendered your license/certificate or been found guilty of professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are charges pending against you for professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since your last renewal or licensure application, has any hospital, nursing home or licensed facility restricted or terminated your professional training, employment or privileges, or have you ever voluntarily resigned or withdrawn from such association to avoid imposition of such measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a mental, physical or emotional health condition which impairs or limits or, if untreated, could impair or limit your ability to practice as a nursing home administrator in a competent and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since your last renewal or licensure application, have you entered into a stipulation of settlement or similar agreement to settle a charge relating to professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

▶▶ If you answered "Yes" to any of the above questions, a letter providing a complete explanation of the issue(s) must be submitted. Include copies of any court records, including a Certificate of Disposition, Certificate of Relief from Disabilities or Certificate of Good Conduct. ◀◀

Section 5: CONTINUING EDUCATION REQUIREMENT

****Renewal Registrants only, Initial Registrants are NOT required to complete this page****

Continuing Education Requirements

The continuing education (CE) requirement for licensees who are registered full time (two-year registration period) and on time (prior to January 1 of the beginning of the two-year registration period) is 48 clock hours completed during the current registration period (Registration Renewal Fee: \$40).

Late registrants including voluntary inactive registrants should contact the Department for the appropriate fees and continuing education requirements.

These CEUs must be directly related to one or more of the five Domains of Practice: (1) Customer Care, Supports and Services, (2) Human Resources, (3) Finance, (4) Environment and (5) Management and Leadership. The following will not be accepted to satisfy the continuing education requirement: attendance at sessions of pre-licensure courses or programs; general personal wellness courses (stress management, etc.); attendance at trade shows or exhibits; membership on boards of directors, licensure boards, planning committees, health councils and other similar professional or community groups. Continuing education must be non-repetitive (the same course cannot be claimed more than one time during each registration period). For more information, please see: www.health.ny.gov/professionals/nursing_home_administrator/licensure_program/registration_renewal.htm

Types of Acceptable Continuing Education

- Continuing education may consist of any training session, seminar, workshop, in-service training and/or distance learning course that is pre-approved by a designated continuing education program reviewer. This includes on-line/ distance learning courses. There is no online course limit.
- Academic course work completed (or audited) at an accredited educational institution (does not require pre-approval).
- Professional Activities such as teaching at accredited educational institutions and/or authoring articles published in professional journals. In both cases, the content must be directly related to one or more of the five Domains of Practice. Professional activities may not exceed 50 percent of the total clock hours required and do not require pre-approval.
- Time as Preceptors for the Administrator-In-Training Program (AIT) internship can be used. Preceptor hours are verified through the AIT program. Preceptors receive a letter with approved hours and may document credit hours in the National Association of Long Term Care Administrator Boards (NAB) registry under NAB Non-Approved Program – In Person.

Audit

All information contained in the application is subject to audit/verification by the Board. Licensees are responsible for obtaining documentation from the sponsor to support all continuing education completed. If your application is identified for audit, you will be notified and requested to submit documentation to support all continuing education being claimed. NHAs may use the NAB CE Registry to document both CE approved by NAB's National Continuing Education Review Service (NCERS) and non-NCERS approved CE. **Do not submit this documentation unless specifically requested to do so.** You must maintain documentation to support completion of continuing education being claimed for at least two years following renewal or license reactivation.

By checking this box, I, _____, am attesting that I have completed a minimum of 48 continuing education credit hours as defined above, during the last 24 months, unless directed otherwise by the Department.

Comments: _____

Application for Registration as a Nursing Home Administrator

Section 6: CHILD SUPPORT OBLIGATION

New York State General Obligations Law, Section 3-503, requires everyone applying for or renewing a professional license, permit or registration to file a written statement that, as of the date of the filing, he or she is, or is not, under an obligation to pay child support. Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or driver licenses. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to Section 175.35 of the Penal Law.

You must complete this section before the license for which you have applied is issued. Individuals who are under an obligation to pay child support but are not in compliance with the General Obligations Law can be issued a license for no more than six months to discharge child support obligations consistent with the Law.

Check only one below:

- I am not** under an obligation to pay child support.
- I am** under an obligation to pay child support and **(please check only one of the following)**:
 - I am current and **am not** four months or more in arrears in the payment of child support; or
 - I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or
 - The child support obligation is the subject of a pending court proceeding; or
 - I am receiving public assistance or supplemental security income; or
 - None of the above four statements apply (**you must submit a letter of explanation with your application**).

Section 7: NOTARIZED SIGNATURE

I affirm, subject to the penalties for perjury, that the statements made herein and on the accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be cause for suspension or annulment of any license issued pursuant to this application.

Applicant Signature _____ Date _____

Sworn to before me this _____ day of _____, 20 _____

Notary Public _____

Notary
Stamp

Section 8: ORGAN AND TISSUE DONATION INFORMATION

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register. Opting out of enrolling in the NYS Donate Life will not impact or impair my ability to obtain services from the Bureau of Professional Credentialing.

