



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

**APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSURE
INSTRUCTION SHEET**

Choosing Method of Licensure

The application asks you to select whether you are applying for Nursing Home Administrator (NHA) licensure by Administrator-in-Training (AIT) or Reciprocity. This table explains which to select.

IF you...	THEN...
have completed a Board-approved: <ul style="list-style-type: none"> • AIT Program and • course of study in nursing home administration at an accredited educational institution 	select Licensure by Administrator-In-Training (AIT)
hold a <i>current</i> NHA license in one of these jurisdictions: <ul style="list-style-type: none"> • Pennsylvania (PA) • Maryland (MD) • New Jersey (NJ) • Ohio (OH) • Connecticut (CT) • South Carolina (SC) • New York (NY) <p><u>Note:</u> The Board has determined that these jurisdictions have substantially similar requirements to those of Delaware.</p>	select Licensure by Reciprocity
hold a <i>current</i> NHA license in a jurisdiction where you have three years of active NHA practice experience	
hold a <i>current</i> NHA license in one or more jurisdictions not listed above but do not have three years of active NHA practice experience in any one of those jurisdictions <p><u>Note:</u> The Board will determine if any jurisdiction where you hold a current license has licensure requirements substantially similar to those of Delaware. If any of them has substantially similar requirements, you may be licensed by reciprocity. If none has substantially similar requirements, you cannot be licensed by reciprocity.</p>	
have not completed a Board-approved AIT program and do not hold a hold a <i>current</i> license in any other jurisdiction	you must apply for approval of an AIT Program .

Requirements for All Applicants

- Submit completed, signed and notarized [Application for Licensure as Nursing Home Administrator](#).
- Enclose the [processing fee](#) by check or money order made payable to "State of Delaware."
- Arrange for the Board office to receive an official transcript showing your degree, sent *directly* from the college/university to the Board office.

- Arrange for the Board office to receive verification of your NAB Examination scores sent *directly* to the Board office from the [National Association of Long Term Care Administrator Boards \(NAB\)](#).
 - If you are applying by AIT but have not yet taken the exam, be sure to request NAB to send your scores to Delaware when you register for the exam.
 - If you are applying by AIT and have already passed the exam, request a score transfer only if you did *not* request NAB to send your scores to Delaware when you registered.
 - If you are applying by reciprocity, you must request a score transfer.
- Complete the *Criminal History Record Check Authorization* form to request state and federal criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted. You must meet this requirement *even if* you previously had a criminal background check done for another application.
- If you have ever held an NHA license, arrange for the Board office to receive license verifications from *each* jurisdiction (state, U.S. territory or District of Columbia) where you now hold, or have ever held, NHA licensure, sent *directly* from the jurisdiction to the Board office.
- Enclose a resume or separate page with your application thoroughly describing your **occupational background**. The document must list all post-degree positions you have held, starting with your current position. All time must be accounted for. If you have been involved in an academic residency or internship or in a Board-approved AIT program, include the following information:
 - dates of employment
 - title of position
 - name and address of employer or organization
 - employer/organization telephone number and email
- Enclose a resume or separate page with your application thoroughly describing all past **administrative experience** that you acquired in a residential facility providing protective, preventive and personal care services performed by qualified personnel. (Personal care refers to the general supervision of and direct assistance to individuals in their activities of daily living.)
 - Your experience *must* include:
 - administration of services to more than one person,
 - administrative services which have (or had) as a major component the supervision of more than one profession or discipline,
 - administrative positions in which you have (or had) direct responsibility for and are (were) held accountable for your own acts.
 - Describe your duties and responsibilities for the time periods when you supervised more than one profession or discipline. Include the dates and number of hours as well as the kinds of employees. Also, list the dates and hours for which you have served as acting administrator in the absence of the duly appointed administrator.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirements for Licensure by AIT

If you are applying by AIT, submit the following in addition to the items listed above.

- Submit proof that you have completed a Board-approved course of study in nursing home administration at an accredited educational institution.
 - Examples of proof are a course certificate or transcript.

Additional Requirements for Licensure by Reciprocity

To apply by reciprocity, you must hold *current* NHA licensure in another jurisdiction. If you do **not** have three years NHA experience in any jurisdiction where you hold a *current* license, at least one of the jurisdictions where you hold a *current* license must have licensure requirements that are substantially similar to those of Delaware.

The following requirements apply **only if you do not hold a current license** in any of the jurisdictions listed below. If you hold a current license in any of these jurisdictions, it is not necessary to submit either of the items listed below.

- Pennsylvania (PA)
- Maryland (MD)
- New Jersey (NJ)
- Ohio (OH)
- Connecticut (CT)
- South Carolina (SC)
- New York (NY)

If you have three years of NHA experience in any jurisdiction where you hold a *current* license, submit tax form W-2s or other proof of your active practice.

Submit a copy of the licensure law and rules and regulations of *all* jurisdictions where you hold a *current* NHA license.

- The Board will determine if any of the jurisdictions' licensure requirements are substantially similar to those of Delaware.
- If the Board determines that none of the jurisdictions where you hold a *current* license has licensure requirements that are substantially similar to those of Delaware **and** you do *not* have three years of NHA experience in any of those jurisdictions, you cannot qualify for NHA licensure by reciprocity. To qualify for licensure by AIT, you must file an [Application for Approval of an Administrator-in-Training Program](#).



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APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSURE

TYPE OF APPLICATION

1. Check the type of application you are submitting:

- Licensure by AIT – I have completed an Administrator-In-Training program approved by the Delaware Board of Examiners of Nursing Home Administrators. My AIT license number is H2 - _____.
- Licensure by Reciprocity – I hold a *current* NHA license in another jurisdiction. Check one:
 - I hold a current license in a jurisdiction that the Board has determined to have substantially similar licensure requirements. (The jurisdictions are listed on the Instruction Sheet.)
 - I have three years of active NHA practice experience in at least one jurisdiction where I hold a *current* NHA license.
 - Neither of the descriptions above applies to me. I understand that the Board will determine whether any jurisdiction where I hold a current NHA license has licensure requirements substantially similar to those of Delaware.

IDENTIFYING AND CONTACT INFORMATION

2. Name: _____
Last/Family Name First Middle Maiden
3. Other Name(s) Used: _____
4. Have you ever sought or been granted a Nursing Home Administrator license under another name? Yes No
 If yes, enter name and state where you used the name: _____
5. Date of Birth (month/day/year): _____ Gender: Male Female
6. Have you been issued a U.S. Social Security Number? Yes No If yes, enter your SSN: _____
 If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
7. Mailing Address: _____

City State Zip
8. Phone: _____ Email: _____
Daytime Home

EDUCATION

9. Enter the following information about your education:

University/College: _____ Major: _____
 City: _____ State: _____ Degree: _____
 Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript, sent *directly* from the college/university to the Board office.

10. Have you passed the NAB Examination? Yes Not Yet

Arrange for the Board office to receive verification of your NAB Examination scores, sent *directly* to the Board office from the National Association of Long Term Care Administrator Boards (NAB).

11. Have you completed a course of study in nursing home administration from an accredited institution? Yes No
If yes, enter the following information about the course:

Title of Course in Nursing Home Administration: _____
 Number of Course Hours Completed: _____
 Name of Sponsoring Institution: _____
 Sponsoring Institution's Mailing Address: _____

 _____ City _____ State _____ Zip _____
 Start Date (month/year): _____ End Date (month/year): _____

Submit proof of course completion (such as a certificate or transcript).

LICENSURE HISTORY

12. Have you ever been denied a license? Yes No If yes, enter: Year Denied: _____ State: _____
 Explain why the license was denied: _____

13. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes No If yes, enter the following information about *each* license:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS (e.g.,active)

Arrange for *each* jurisdiction listed to send a verification of licensure *directly* to the Board office. In addition, if you are applying by reciprocity and *none* of the jurisdictions where you hold a current license has substantially similar licensure requirements (see list on Instruction Sheet), submit a copy of the licensure law and rules and regulations of *all* jurisdictions where you hold a *current* NHA license.

EMPLOYMENT AND EXPERIENCE

Enclose resumes or statements on separate sheets that thoroughly describe your *occupational background* and *administrative experience*. Refer to the Instruction Sheet for the information that you must include.

14. Do you have three years of active practice as a licensed Nursing Home Administrator in another jurisdiction? Yes No If yes, complete the following table to document the three years of practice.

EMPLOYER NAME	CITY	STATE	DATES (month/day/year)	
			FROM	TO

Enclose Tax form W-2s for the periods listed above.

DISCLOSURES

15. Have you engaged in the illegal use of controlled dangerous substances within that past two years? Yes No If yes, continue to Question 16. If no, skip to Question 17.

16. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes No If yes, explain fully:

17. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No If yes, submit a letter explaining fully.

Arrange for the Board office to receive state and federal criminal background checks using the *Instructions for Requesting a Criminal Background Check* included with this application.

18. Have you ever had your professional license subjected to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes No If yes, submit a letter explaining fully. Include an official Board order or other documents.

19. Are any disciplinary or ethical complaints currently pending against you? Yes No If yes, submit a letter explaining fully. Include copies of all official documents or Board orders.

20. Are you physically or mentally incapable of engaging in the practice of nursing home administration according to generally accepted standards? Yes No If yes, continue with Question 21. If no, skip to the DUTY TO REPORT section.

21. Do you agree to submit to an examination to determine such capability as the Board may deem necessary? Yes No

DUTY TO REPORT

22. You have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner is (or may be) guilty of unprofessional conduct as defined in [24 Del. C. §1731](#) OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- is excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes No

23. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 p.m. ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within six months of filing may be considered abandoned and discarded.

When your application is complete, allow 4-6 weeks to receive your license.

AFFIDAVIT

I hereby apply to be considered for licensing as a Nursing Home Administrator by the Delaware State Board of Examiners of Nursing Home Administrators under the standards, qualifications and procedures established under Title 24, Chapter 52, of the *Delaware Code*. I have read the State statute governing nursing home administrators in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of nursing home administration in Delaware. I understand that the Board may require evidence additional to the material herein.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both state and federal criminal background checks are required.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 9 am – 7 pm, Tue - Fri 9 am – 3 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(Between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd.
Georgetown DE 19947
(Across from DelDOT & the State Service Ctr.)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69.00, to cover both the State and Federal criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county.* As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned. Send the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE



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CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK.

CHECK TYPE OF LICENSURE FOR WHICH APPLYING:

- | | |
|------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Nursing Home Administrator |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Texas Hold'em Dealer |

ENTER FULL CURRENT NAME:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

**Division of Professional Regulations
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.