



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

STATE OF DELAWARE

BOARD OF NURSING HOME ADMINISTRATORS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR TEMPORARY NURSING HOME ADMINISTRATOR LICENSURE INSTRUCTION SHEET

General Information about Temporary Licenses

The Board may grant a Temporary Nursing Home Administrator (NHA) license if a facility's licensed nursing home administrator dies or is removed from the position by another unexpected cause.

To qualify for licensure as a Temporary NHA, a person must have three years of health care management experience acceptable to the Board **and** one of the following:

- Post-secondary degree in any field from an accredited college or university, or
- *Current* Delaware Registered Nurse (RN) license.

If the Board approves the application, the Board office will issue a Temporary NHA license retroactive to the date the application was received. Temporary NHA licenses expire 90 days after the date they are issued. The Temporary NHA license may be extended for an additional 90 days **one time only**. When a person's Temporary NHA license expires, the person will not be eligible for another Temporary NHA license until 12 months after the Temporary NHA license expired.

Requirements for All Applications

Both an authorized official of the nursing home facility and the Temporary NHA applicant must complete and sign this application in the presence of a notary. **The owner, governing body, or other appropriate authority of the nursing home facility, not the person applying as the designated temporary NHA, must submit the application to the Board office.**

- An authorized official of the nursing home facility completes and signs *Section A* of the [Temporary Nursing Home Administrator Application](#) in the presence of a notary.
- The designated temporary administrator completes and signs *Section B* of the [Temporary Nursing Home Administrator Application](#) in the presence of a notary.
- The owner, governing body, or other appropriate authority of the nursing home facility
 - submits the completed, signed and notarized application form to the Board office
 - encloses the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- The designated temporary administrator arranges for the Board office to receive an official transcript showing his or her degree, sent *directly* from the college/university to the Board office.
- If the designated temporary administrator has ever held a NHA license in another jurisdiction (state, U.S. territory or District of Columbia), he or she arranges for the Board office to receive license verifications from *each* jurisdiction where he or she holds, or has ever held, an NHA license, sent *directly* from the jurisdiction to the Board office.
- The designated temporary administrator submits a resume or separate page thoroughly describing his or her **occupational background**. The document should list all post-degree positions he or she has held, starting with the current position. All time must be accounted for. If the designated temporary administrator has 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

- The designated temporary administrator submits a resume or separate page thoroughly describing all past **administrative experience** that he or she 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.)
 - The experience must have included:
 - Administration of services to more than one person.
 - Administrative services which have as a major component the supervision of more than one profession or discipline.
 - Administrative position in which the designated temporary administrator has or had direct responsibility for and are/were held accountable for his or her own acts.
 - Describe your duties and responsibilities for the periods of time when the designated temporary administrator has 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 he or she served as Acting Administrator in the absence of the duly appointed administrator.

- The designated temporary administrator completes the *Criminal History Record Check Authorization* form to request state and federal criminal background checks. He or she must follow the instructions on the authorization form to arrange to be fingerprinted.

- If the designated temporary administrator has never been issued a U.S. Social Security Number (SSN), he or she submits 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.



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APPLICATION FOR TEMPORARY NURSING HOME ADMINISTRATOR LICENSURE

SECTION A – INFORMATION PROVIDED BY NURSING HOME FACILITY

Nursing Home Facility Identifying and Contact Information – to be completed by authorized official of facility

1. Name of Official: _____
Last/Family Name First Middle

2. Check the position you hold with the nursing home facility:

Facility Owner

Employee of Governing Body: _____

Other: _____

3. Name of Facility: _____

4. Facility Mailing Address: _____

_____ DE _____
City State Zip

5. Facility Phone: _____ Facility Email: _____

6. Has this facility operated under a Temporary Administrator permit within the past 12 months? Yes No

Outgoing NHA Information – to be completed by authorized official of facility

7. Outgoing NHA Name: _____
Last/Family Name First Middle

8. Delaware License Number: H____ - _____

9. Last Date of Employment: _____ Reason for Leaving: _____
(month/day/year)

Designated Temporary NHA Information – to be completed by authorized official of facility

11. Designated Temporary Administrator Name: _____
Last/Family Name First Middle

AFFIDAVIT OF AUTHORIZED OFFICIAL

As an authorized official of the Nursing Home Facility named above, I do hereby initiate a request before the Delaware State Board of Examiners of Nursing Home Administrators for the designated temporary nursing home administrator named above to be granted the authority to serve at the facility in the capacity of Temporary Nursing Home Administrator, per 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 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.

SIGNATURE OF AUTHORIZED OFFICIAL: _____ Date: _____

County of _____ State of _____

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

Notary Signature: _____

SEAL

My commission expires on: _____

SECTION B – INFORMATION PROVIDED BY THE DESIGNATED TEMPORARY ADMINISTRATOR

Identifying and Contact Information – to be completed by designated temporary administrator

1. Name of Designated Temporary Administrator: _____
Last/Family Name First Middle
2. Other Name(s) Used: _____
3. 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: _____
4. Date of Birth (month/day/year): _____ Gender: Male Female
5. 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](#).
6. Home Address: _____

City State Zip
7. Phone: _____ Email: _____ None
Daytime Home

Education Information – to be completed by designated temporary administrator

8. 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.

Licensure History – to be completed by designated temporary administrator

9. Have you applied for permanent NHA licensure in Delaware? Yes No
10. Are you currently, or have you ever been, licensed as a Registered Nurse in Delaware: Yes No If yes, enter Delaware RN License Number: L1 - _____
11. Have you ever been denied a license? Yes No If yes, enter: Year Denied: _____ State: _____
Explain why the license was denied: _____

12. 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.

Employment and Experience – to be completed by designated temporary administrator

13. Do you have three years of health care management experience? Yes No If yes, complete the following table to document the three years of health care management experience.

EMPLOYER NAME	CITY	STATE	DATES (month/day/year)	
			From	To

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

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.

Disclosures – To be completed by designated temporary administrator

14. I understand that the Temporary Administrator license for which I am applying will expire 90 days after the date of issuance. Yes No
15. I understand that the Temporary Administrator license for which I am applying may be extended only one time for an additional 90-day period. Yes No
16. Have you held a Temporary Administrator license in the previous 12-month period? Yes No
17. I understand that I will not be eligible for subsequent Temporary Administrator licensure within the 12-month period immediately following the expiration of this license. Yes No
18. Have you engaged in the illegal use of controlled dangerous substances within that past two years? Yes No If yes, continue to Question 19. If no, skip to Question 20.
19. 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: _____
20. 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.

21. Have you ever had a 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.
22. Are any disciplinary or ethical complaints currently pending against you? Yes No If yes, submit a letter fully explaining. Include copies of all official documents or Board orders.
23. Are you physically or mentally incapable of practicing nursing home administration according to generally accepted standards? Yes No If yes, continue with Question 24. If no, skip to the DUTY TO REPORT section.
24. Do you agree to submit to an examination to determine such capability as the Board may deem necessary?
Yes No

Duty to Report – to be completed by designated temporary administrator

25. 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

26. 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 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 ensure 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 12 months of filing may be considered abandoned and discarded.

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

AFFIDAVIT OF DESIGNATED TEMPORARY NURSING HOME ADMINISTRATOR

I hereby apply to be considered for licensing as a Temporary 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’S 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 of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

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

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 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

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County 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 \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation 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.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

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

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name

First Name

Middle Initial

Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

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

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. 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 Regulation
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 VIOLA