



CANNON BUILDING
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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 APPROVAL OF CONTINUING EDUCATION PROGRAM

INSTRUCTIONS

When to Apply

Complete this application to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Nursing Home Administrator (NHA) license in Delaware. Either Delaware-licensed NHAs or program providers may submit an application. The Board must **pre-approve** self-instruction or home study courses, videos, computer-assisted programs, and teleconferences. You may submit all other types of CE to the Board either before or after the program. However, if the program is not approved, the applicant will be notified and no CE credit given.

The Delaware Board of Examiners of Nursing Home Administrators automatically approves any course/program previously approved by the National Association of Long Term Care Administrator Boards (NAB). If NAB has approved this program/course, **STOP**. You do not need to submit this application.

Documentation Required

Submit the following documentation for each course:

- Completed, signed application form
- Complete program syllabus* that includes the course objectives and detailed timeline showing the time spent on each topic and all scheduled breaks
- Resume or curriculum vitae for each instructor

Responsibilities of Program Providers/Sponsors

When a student successfully completes a course, the program provider/sponsor must supply the student with a certificate of attendance. This certificate must show at least the following:

- Student name
- Date course completed
- Signature of the instructor or a designated official of the program provider
- Provider name
- Number of credit hours
- Course title
- Instructor name(s)

The program/course provider must distribute certificates of attendance *only* upon completion of the program.

Responsibilities of Nursing Home Administrator Licensees

Licensees must maintain all original certificates of attendance for CE programs for one year after the renewal of the licensure period for which the certificates were obtained. In the event of a random audit, licensees will be required to submit original certificates of attendance to the Board office.

PROVIDER CONTACT INFORMATION – All applicants complete this section.

1. Provider Name: _____
2. Mailing Address _____
City: _____ State: _____ Zip: _____
3. Phone: _____ Email: _____
4. Official Representative Name _____ Title: _____
5. Phone: _____ E-Mail: _____

COURSE INFORMATION – All applicants complete this section.

6. Course Title: _____

Attach a complete syllabus that includes the course objectives and detailed timeline showing the time spent on each topic and all scheduled breaks.

7. Check the general subject area:

- General administration
- Therapeutic and supportive care and services in long-term care
- Local health and safety regulations
- Psychology of patient care
- Principles of medical care
- Other: _____

- Personal and social care
- Applicable standards of environmental health and safety
- Department organization and management
- Community interrelationships
- Business or financial management

8. Check the type of program:

- Classroom setting conducted *solely* by an accredited educational institution
- Classroom setting conducted *solely* by an association, professional society, or other professional organization
- Classroom setting conducted *jointly* by an accredited educational institution *and* an association, professional society, or organization
- Self-instruction or home-study course, video, computer-assisted program, or teleconference (must be pre-approved by the Board)

9. List all course instructors:

INSTRUCTOR NAME	TITLE

Attach a resume or curriculum vitae for each instructor.

10. Date(s) of course: _____

11. Location of course: _____

12. Credit Hours Requested: _____

NHA LICENSEE INFORMATION – Complete *only* if a Nursing Home Administrator licensee is submitting this application.

13. NHA Name: _____

14. NHA Delaware License Number: H1 - _____

15. NHA Phone: _____ NHA Email: _____

Submit this application and all supporting documentation to the Delaware Board of Examiners of Nursing Home Administrators at the address above. If you have questions, email: customerservice.dpr@state.de.us

DO NOT WRITE BELOW THIS LINE

Board Member Review By: _____ Date: _____

Approved: _____ CE Hours Tabled - List reason(s) below. Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s): _____

ADMIN TASKS	DATE	ADMIN INITIALS
Notice to Applicant		
Update CE Approval List		
Submit Web Change Request		