

IDAHO BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: nha@dopl.idaho.gov

INSTRUCTIONS FOR ENDORSEMENT APPLICATION

Please complete the entire application by providing all of the requested information. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. Your signature must be notarized, and the appropriate fees must be attached. Submit the completed form to the address noted above. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

Please read all questions carefully. Several questions, if answered “Yes,” require additional documentation. You are required to contact the source of the required documentation and request the documentation be submitted directly to the Board office. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. Send your application and fees to the address listed above with a check or money order made payable to IDOPL. Applications with credit cards and exact cash can be taken in person at the Division’s Office.

ENDORSEMENT APPLICATION: This method is for those who currently hold an active license as a Nursing Home Administrator in another state. Those seeking licensure for the first time or who do not meet the following requirements should fill out the administrator-in-training or exam application.

Please keep a copy of this application for your records.

All applicants for endorsement must provide:

- A completed and notarized application including required fees.
 - Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
 - Evidence of holding a valid and current nursing home administrator license issued in another state; and
 - Proof of one of the following:
 - a. 1,000 hours as an administrator-in-training in another state; or
 - b. A total of 1,000 hours combined experience obtained in an administrator-in-training program and from practical experience as an administrator in another state; or
 - c. A master's degree in health administration related to long-term care from an accredited institution; or
 - d. A master's degree in health administration or business administration with a healthcare emphasis from an accredited institution and one (1) year management experience in long-term care.
- AND
- Evidence of successfully passing the NAB examination;
 - Official university/college transcripts must be received by this office directly from the school registrar, if applicable.

	<u>FEES</u>	
APPLICATION FEE		\$ 200.00
ENDORSEMENT FEE		\$ 200.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Idaho Code § 54-1602, you must be licensed to practice. The Board’s Laws and Rules may be found at: <https://dopl.idaho.gov>.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying.

For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

AFFIDAVIT

Upon oath I certify that: (1) I am the applicant named in and who has signed this application; (2) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (3) I have read and will conform to the laws, rules and ethical requirements governing the profession for which I am seeking a license or authority to practice; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any laws, rules or ethical requirements governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (7) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (8) every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Signature of Applicant

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

APPLICATION ADDENDUM

RELATED WORK EXPERIENCE: List your work experience including employers' names, addresses, phone numbers and dates of experience.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

JOB TITLE _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES:

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

JOB TITLE _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES:

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

JOB TITLE _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES

(If more space is needed, attach a separate sheet of paper)