

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 APPLICATION BY EXAM - \$400

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. Applications received less than 7 days prior to a Board meeting may be held over to the next meeting. **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.

EXAM APPLICATION:

Applicants for examination 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 passport, military ID, or valid driver’s license is acceptable;
- Proof of completion of a specialized course of study in nursing home long-term health care administration approved by NAB or otherwise approved by the Board;
- An Open Book Examination;
- EVIDENCE OF EITHER
 - a. Successful completion of a course of study for a baccalaureate degree and of the receipt of such degree from an accredited institution of higher learning; or
 - b. Two (2) years of satisfactory practical experience in management in a health care facility for each year of required post high school education;
- AND
 - a. Successful completion of an administrator-in-training program that meets the requirements as described in Idaho Code §54-1610 and Board Rule 400; or
 - b. Completion of a course of study for a master's degree in health administration related to long-term care from an accredited institution of higher learning, or completion of a course of study for a master's degree in health administration from an accredited institution of higher learning and have one (1) year management experience in long-term care; or
 - c. Completion of a course of study for a master’s degree that includes an emphasis in health care from an accredited institution of higher learning, and have one (1) year management experience in a health care facility that provides in-patient care.
- Official university/college transcripts must be received by this office directly from the school registrar, if applicable.

FEES

APPLICATION FEE	\$ 200.00
ORIGINAL LICENSE 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>.

Please keep a copy of this application for your records.

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.

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APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE BY EXAM

I hereby submit my qualifications for a license to practice as a Nursing Home Administrator in the State of Idaho under the provisions of Title 54, Chapter 16, Idaho Code as amended. This application is for:

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record** _____
(The above address is a public record.) Street City State Zip

3. **Mailing Address** _____
(Will be used as address of record if none is provided above.) Street/PO Box City State Zip

4. **Date of Birth** ____/____/____
mm dd yyyy
(Proof of age – a clear and readable color copy of a government-issued photo ID such as passport, military ID, or valid driver’s license must be attached.)

5. **Social Security No.** ____/____/____ **E-mail** _____
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)

6. **Business Phone** (____) _____ **Other** (____) _____
(The above phone number is a public record.) (The above phone number is NOT a public record.)

7. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No

8. **Are you currently or have you ever been licensed to practice in any state, country, etc.?** () Yes () No

(If Yes, please list the state(s) above and certified documentation must be received directly from each issuing authority by this office.)

9. **Please mark the option you are applying under and provide the required documentation for that option as noted:**
() Successful completion of a course of study for a baccalaureate degree and of the receipt of such degree from an accredited institution of higher learning (official university/college transcripts must be received by this office directly from the school registrar);
OR
() Two (2) years of satisfactory practical experience in management in a health care facility for each year of required post high school education (please fill out the related work experience portion of the addendum and **submit an employment verification letter**).

10. **Please mark the option you are applying under:**
() Completed an Idaho administrator-in-training program. (If applying by this method, applicants will not be required to resubmit transcripts or other documents that were required for the AIT application.)
OR
() Completed a master's degree in health administration related to long-term care and have one (1) year management experience in long-term care and have been awarded such degree from an accredited institution of higher learning (official university/college transcripts must be received by this office directly from the school registrar and the work experience portion of the addendum must be submitted).
OR
() Completed a master’s degree that includes an emphasis on health care and have one (1) year management experience in a health care facility that provides inpatient care, and have been awarded such degree from an accredited institution of higher learning (official university/college transcripts must be received by this office directly from the school registrar and the work experience portion of the addendum must be submitted).

11. **Have you ever taken the National Association of Boards of Examiners of Long Term Care Administrators’ (NAB) examination for Nursing Home Administrators?** () Yes () No
(If Yes, this office must receive official scores directly from NAB before the application for licensure will be processed, for Idaho AIT candidates, the exam can be taken after the AIT program is completed and the applicant has been approved for exam.)

12. **Have you ever had any license or registration revoked, suspended or otherwise sanctioned?** () Yes () No
(If yes, a copy of the charges, a detailed statement from you and the final order must be received by the Board before your application will be processed.)

13. **Have you ever been convicted of any felony or of any?** () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

Complete and attach the entire APPLICATION ADDENDUM if using experience to qualify for licensure.

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)

**STATE EXAMINATION
BOARD OF NURSING HOME ADMINISTRATORS**

These questions are taken from the Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities in Idaho (IDAPA 16 Title 3 Chapter 2) and Long-Term Care Provider Remedies in Idaho (IDAPA 16 title 3 Chapter 12). Each facility should have a copy. If not, you may obtain one from the Idaho State Department of Health & Welfare, Bureau of Facility Standards. Phone: (208) 334-6626.

You may also access the Idaho State Board of Examiners of Nursing Home Administrators homepage at <https://dopl.idaho.gov>. Click on the links Nursing Home Administrators and then to Licensure Law and Licensure Rules to review Idaho Statute and rules.

Please complete the following "Open Book Test (Examination)" and submit it with your application for Idaho licensure as a Nursing Home Administrator. Please print your name in the upper right corner of all examination pages. Answer all 50 questions. Failure to submit the examination will result in the license not being issued.

Print your name _____

OPEN BOOK EXAMINATION

1. Auxiliary personnel means:
 A – Volunteers. C – Consultants.
 B – Therapists. D – Non-licensed workers to assist in nursing care.
2. A provisional license means a license which is granted to a facility for a period not to exceed:
 A – 1 month. C – 6 months.
 B – 3 months. D – 12 months.
3. Which of the following is not subject to public disclosure in a plan of correction from a facility for which deficiencies are noted?
 A – Patient names. C – The name of the facility.
 B – The name of the owner. D – The name of the administrator.
4. Which of the following cannot appoint a licensed nursing home administrator?
 A – Owner C – Governing body.
 B – Partnership D – Licensing board.
5. Under patients'/residents' rights, if a trust account is maintained for a patient, he or she has access to all records and reports:
 A – On a monthly basis. C – On an annual basis.
 B – On a quarterly basis. D – Upon request.
6. A history and physical examination shall be recorded within 48 hours after admission to the facility unless:
 A – The resident is covered under Medicare and/or Medicaid.
 B – The resident has been a previous patient in the facility during the past year.
 C – A physical examination has been completed within the past 30 days by the resident's personal family physician.
 D - The patient is accompanied by a record of a physical examination completed by a physician not more than 5 days prior to admission.
7. During each two hours in which mechanical restraints are employed, the patient shall be provided the opportunity for motion and exercise for a period of not less than:
 A – 5 minutes. C – 15 minutes.
 B – 10 minutes. D – 30 minutes.
8. Patients/residents shall not be transferred or discharged on the attending physician's orders without prior notification of the:
 A – Next of kin. C – Director of nurses.
 B – Medical director. D – Social service designee.
9. Immediate investigation of the cause of an incident or accident shall be instituted by the:
 A – Owners. C – State department.
 B – Administrator D – Board of Directors.

10. Personnel policies shall be developed and implemented and shall include all of the following except:
 A – Orientation. C – Daily work schedules.
 B – Uniform rules. D – Continuing in-service training.
11. The facility shall provide a formalized on-going educational program for all personnel which shall commence upon employment and which shall include all of the following except:
 A – Ethics. C – Restorative care.
 B – Death and dying D – Organizational structure.
12. Fire and/or safety classes for all employees shall be made available on a/an:
 A – Monthly basis. C – Semiannual basis.
 B – Quarterly basis. D – Annual basis.
13. A basic written record of each fire drill shall be maintained and shall include at least all of the following except:
 A – A description of the drill. C – The recommendations for improvement.
 B – The date and time of the drill. D – The positions and signatures of employees participating.
14. A separate report of each fire incident occurring within the facility shall be submitted to the licensing agency:
 A – As soon as possible. C – Within 30 days.
 B – Within 15 days. D – Annually.
15. Ductwork for ventilation hoods shall be cleaned at least:
 A – Monthly. C – Semiannually.
 B – Quarterly. D – Annually.
16. A facility employee will check, date, and initial each tag on every fire extinguisher:
 A – Weekly. C – Quarterly.
 B – Monthly. D – Annually.
17. The dietitian shall accomplish all of the following except:
 A – Approve menus. C – Prescribe special diets.
 B – Review diet plans. D – Offer assistance and modify diets as needed.
18. Menus shall be prepared in advance for at least:
 A – 5 days. C – 15 days.
 B – 7 days. D – 30 days.
19. There shall be a supply of staple foods in storage for a minimum of:
 A – 2 days C – 7 days.
 B – 5 days. D – 10 days.
20. A current file of food purchase invoices shall be kept for at least the preceding:
 A – 30 days. C – 90 days.
 B – 60 days D – 120 days.
21. Each refrigerator shall be maintained at a maximum temperature of:
 A – 30 degrees F. C – 28 degrees F.
 B – 32 degrees F. D – 45 degrees F.
22. If drinking water is from a private supply, samples must be submitted to the district public laboratory at least once every:
 A – 1 month. C – 3 months.
 B – 2 months. D – 6 months.
23. Soiled linens can be transported through:
 A – Kitchens. C – Food Storage areas.
 B – Inside hallways. D – Patient/resident rooms.

24. Bedpans and urinals shall be sterilized or disinfected. One approved method is thoroughly cleansing the utensil and then submersing it in constantly boiling water for:
 A – 10 minutes. C – 30 minutes.
 B – 20 minutes. D – 60 minutes.
25. The location of an existing facility is controlled by all of the following criteria except that all be accessible to:
 A – Public utilities. C – A shopping center.
 B – Medical services. D – Physician services.
26. The maximum number of beds that can be housed in any multi-bed sleeping room shall be:
 A – Two. C – Six.
 B – Four. D – Eight.
27. Every patient/resident sleeping room shall be provided with a window which meets all of the following requirements except that it should:
 A – Be openable. C – Be made of safety glass.
 B – Have screening. D – Be provided with curtains.
28. The minimum amount of usable floor space per patient/resident in a private room shall not be less than:
 A – 60 square feet. C – 100 square feet.
 B – 80 square feet. D – 150 square feet.
29. The space required between a bed and the wall must be at least:
 A – 2 feet. C – 4 feet.
 B – 3 feet. D – 6 feet.
30. On each patient/resident floor or nursing unit there shall be at least one toilet for every:
 A – 4 licensed beds. C – 8 licensed beds.
 B – 6 licensed beds. D – 12 licensed beds.
31. It is necessary that the laundry processing rooms have commercial-type equipment with the capability of processing a 7 days' need within:
 A – 5 days. C – 7-day work week.
 B – 5-day work week. D – A regularly scheduled work week.
32. General storage rooms shall have a total area of not less than:
 A – 6 square feet per bed. C – 12 square feet per bed.
 B – 10 square feet per bed. D – 20 square feet per bed.
33. Doors to the patient/resident toilet rooms needing access for wheelchairs shall have a minimum width of:
 A – 2'10" C – 3'6"
 B – 3'0" D – 3'8"
34. For normal comfort the design temperature for all occupied areas shall provide for minimum and Maximum temperatures of:
 A – 60 degrees F - 85 degrees F C – 68 degrees F - 80 degrees F
 B – 65 degrees F - 82 degrees F D – 70 degrees F - 76 degrees F
35. The area of the building requiring the air conditioning filters to have the least efficiency is:
 A – The kitchen. C – Administration.
 B – The Laundry. D – Resident treatment rooms.
36. The water at the resident's sink should be:
 A – 100 degrees F C – 165 degrees F
 B – 110 degrees F D – 180 degrees F
37. The water in the laundry department should be:
 A – 110 degrees F C – 165 degrees F
 B – 120 degrees F D – 180 degrees F

38. In corridors duplex receptacles for general use shall be installed approximately:
 A – 25 feet apart. C – 50 feet apart.
 B – 35 feet apart. D – 75 feet apart.
39. The amount of clean linen required per bed is:
 A – 2 changes. C – 4 changes.
 B – 3 changes. D – Adequate.
40. An infection control committee shall contain all of the following except:
 A – A pharmacist. C – Housekeeping personnel.
 B – Maintenance personnel. D – A Social service designee.
41. During the first 90 days, each skilled patient shall be seen by the attending physician at least:
 A – Once every 15 days. C – Once every 60 days.
 B – Once every 30 days. D – Once every 90 days.
42. The DNS shall have strictly nursing administrative duties if the facility has an occupancy rate of more than:
 A – 30 patients/residents C – 50 patients/residents
 B – 40 patients/residents D – 60 patients/residents
43. A patient or resident in mechanical restraint must be checked by the staff and a record of such checks be kept every:
 A – Thirty minutes. C – Ninety minutes.
 B – One hour. D – Two hours.
44. The results of a T.B. skin test shall be established for each patient/resident upon admission. If the status is not known upon admission, a T.B. skin test shall be done as soon as possible, but no longer than:
 A – 5 days after admission. C – 30 days after admission.
 B – 10 days after admission. D – 60 days after admission.
45. The pharmacist is responsible for reviewing the medication profile for each individual patient at least every:
 A – 30 days. C – 90 days.
 B – 60 days. D – 1 year.
46. All telephone orders must be countersigned by the ordering physician within:
 A – 24 hours. C – 72 hours.
 B – 48 hours. D – 7 days.
47. No medication shall be in the possession of the patient/resident unless specifically ordered by the physician on the patient/resident's medical record, and in no case shall exceed:
 A – 2 units of dosage. C – 10 units of dosage.
 B – 4 units of dosage. D – 12 units of dosage.
48. All medications contained within the emergency medication supply are the property and responsibility of the:
 A – Facility. C – Medical director.
 B – Pharmacist. D – Director of nursing.
49. All medical records shall be preserved in a safe location protected from fire, theft, and water damage for a period of time not less than:
 A – 3 years. C – 7 years.
 B – 5 years. D – 10 years.
50. No patient/resident shall be considered as respite care when the stay at the facility is not for the purpose of relief for other care givers or families and when the care exceeds a:
 A – 2-week period of time. C – 1-month period of time.
 B – 4-week period of time. D – 60-day period of time.