

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

APPLICATION INSTRUCTIONS FOR NURSING HOME ADMINISTRATOR DESIGNEE

The following application consists of an instruction page and four pages which require responses. 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. 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.

You must provide evidence satisfactory to the board of each of the following:

- 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.
- Certify that you have not been found guilty or convicted of a felony;
- Having obtained a bachelor’s degree from an approved college or university or 2 years of satisfactory practical experience in nursing home or health care facility for each year of the required post high school education.
- A signed agreement with a currently licensed nursing home administrator to provide consultation to you during the entire period of your service as a designee.

	<u>FEES</u>	
APPLICATION 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](#).

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.

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 DESIGNEE - \$200

I hereby submit my qualifications for registration to practice as a Nursing Home Administrator Designee in the State of Idaho for a period not to exceed 8 weeks under the provisions of Title 54, Chapter 16, Idaho Code as amended.

1. **Full Name** (Mr., Mrs., or Ms.) _____
2. **Mailing Address** _____
Street/PO Box City State Zip
3. **Date of Birth** ____/____/____
mm dd yyyy
 (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 must be attached.)
4. **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.)
5. **Business Phone** (____) _____ **Other** (____) _____
 (The above phone number is a public record.) (The above phone number is not a public record.)
6. **Name of Facility** _____
7. **Location Address** _____
Street City State Zip
8. **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 permit, please attach a copy of your DD-214.) () Yes () No
9. **Have you attained a Baccalaureate degree?** () Yes () No
 (If Yes, official university/college transcripts must be received by this office directly from the school registrar.)
10. **Do you have practical administrative experience in a health care facility?** () Yes () No
 (If Yes, please list that experience on the Addendum.)
11. **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) on the line above and certified documentation must be received directly from each issuing authority by this office.)
12. **Have you ever had any license, or registration revoked, suspended or otherwise sanctioned?** () Yes () No
 (If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)
13. **Have you ever been found guilty or convicted of a felony?** () 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.

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules 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; (6) 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; (7) 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; and (8) 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.

 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 _____

APPLICATION FOR NURSING HOME ADMINISTRATOR DESIGNEE

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 _____

EMPLOYERS 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)

APPLICATION FOR NURSING HOME ADMINISTRATOR DESIGNEE

APPLICATION ADDENDUM
(continued)

AUTHORIZATION

I hereby certify that I maintain a current Nursing Home Administrator license and have agreed to act as a consultant to assist the applicant named on this application in the administration of the named facility. I understand that the named applicant will be serving as an Administrator Designee and is not licensed as a Nursing Home Administrator in Idaho. I further certify that I have reviewed and will comply with all Idaho Laws and Rules governing the practice of Nursing Home Administration.

Print Name of Consultant

License number

Current Place of Business

Daytime Phone (____) _____ Other (____) _____ E-mail _____

Signature of Consultant

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

(seal)

Notary Public Official Signature
My Commission Expires _____