

**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](mailto:nha@dopl.idaho.gov)**

**INSTRUCTIONS FOR ADMINISTRATOR-IN-TRAINING 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. **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.

**ADMINISTRATOR-IN-TRAINING APPLICATION:**

Applicants for Administrator-in-Training 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;
- Preceptor agreement;
- Evidence of training and/or education (see below for methods to qualify)
  - a. Applicants may submit written evidence, on forms provided for such purpose by the board, that he has successfully completed a course of study for a baccalaureate degree and has been awarded such degree from an accredited institution of higher learning or its equivalent
  - b. An applicant may begin the one thousand (1,000) hour training period as a nursing home administrator-in-training prior to completion of a baccalaureate degree.
  - c. In lieu of the educational requirements, an applicant may submit evidence satisfactory to the board that such applicant has obtained two (2) years of satisfactory practical experience in management in a health care facility for each year of required post-high school education by **submitting an employment verification letter.**

Upon completion of the AIT program, applicants should submit the application for exam, 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, and the \$200 application and \$200 original license fee. The Board will review applications to determine eligibility to take the exam.

<u>FEES</u>	
APPLICATION FEE	\$ 200.00
ADMINISTRATOR-IN-TRAINING FEE	\$ 100.00

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-IN-TRAINING**

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 a 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 Phone** (\_\_\_\_) \_\_\_\_\_  
 (The above phone number is a public record.) (The above phone number is NOT a public record.)

**Please mark the option you are applying under and provide the required documentation for that option as noted:**

- a. Applicants may submit written evidence, on forms provided for such purpose by the board, that he has successfully completed a course of study for a baccalaureate degree and has been awarded such degree from an accredited institution of higher learning or its equivalent
- b. An applicant may begin the one thousand (1,000) hour training period as a nursing home administrator-in-training prior to completion of a baccalaureate degree.
- c. In lieu of the educational requirements, an applicant may submit evidence satisfactory to the board that such applicant has obtained two (2) years of satisfactory practical experience in management in a health care facility for each year of required post-high school education. **An employment verification letter is needed.**  
 (Official university/college transcripts must be received by this office directly from the school registrar.)
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. **Do you have practical experience in a licensed health care facility?**  Yes  No  
 (If Yes, please list that experience on Addendum 1.)
9. **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.)
10. **Have you taken a specialized course of study in nursing home long-term health care administration approved by NAB or otherwise approved by the Board?**  Yes  No  
 (If Yes, please attach documentation to this application.)
11. **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.)
12. **Have you ever been convicted of any 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 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-IN-TRAINING**  
ADDENDUM 1

**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)**

**APPLICATION FOR NURSING HOME ADMINISTRATOR-IN-TRAINING**  
**ADDENDUM 2**

**NURSING HOME ADMINISTRATOR-IN-TRAINING PROGRAM**

**PRECEPTOR AGREEMENT**

Administrator-In-Training Name \_\_\_\_\_

Employing Facility \_\_\_\_\_

Facility Address \_\_\_\_\_  
Street/PO Box City State Zip

Section 54-1610, Idaho Code: "Every applicant for a Nursing Home Administrator license who shall have otherwise qualified under provisions of section 54-1605 shall serve for one thousand hours under the supervision of a duly licensed and registered Nursing Home Administrator in accordance with the rules of the Board. At the expiration of the 1,000 hour training, the applicant shall be eligible to take the examination."

Rule 400.05. Preceptor Certification.

- a. A nursing home administrator who serves as a preceptor for a nursing home AIT must be certified by the Board of Examiners of Nursing Home Administrators. The Board will certify an Idaho licensed nursing home administrator to be a preceptor who:
  - i. Is currently practicing as a nursing home administrator and who has practiced a minimum of two (2) consecutive years as a nursing home administrator; and
  - ii. Who successfully completes a six (6) clock hour preceptor orientation course approved by the Board.
- b. The orientation course will cover the philosophy, requirements and practical application of the nursing home AIT program and a review of the six (6) phases of nursing home administration as outlined in Rule 400.03.
- c. The preceptor must be re-certified by the Board every ten (10) years.

Preceptor \_\_\_\_\_ License # NHA- \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip

**PRECEPTOR AFFIDAVIT**

I hereby swear or affirm that I have read and will comply with the laws and rules governing the Administrator-In-Training program in Idaho and that I agree to serve as preceptor for the above named Administrator-In-Training applicant.

\_\_\_\_\_  
Signature of Preceptor

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

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_