NURSING HOME ADMINISTRATOR EXAMINING BOARD

INFORMATION FOR COMPLETING NURSING HOME ADMINISTRATOR APPLICATION

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Nursing Home Administrator License (Form #418)**

2. **Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.

3. **Examinations** – Passed both the National Association of Long Term Care Administrator Boards (NAB) and Wisconsin state law examinations. To apply for these examinations, see Application for Examination (Form #1573).

4. **Education** – Submit verification of education completion. An official transcript or certificate of completion must be submitted from the school where training was completed.

5. **Verification of Experience in the Field of Institutional Administration (Form #71) (if applicable)** – If the applicant has not completed a regular course of study, submit evidence of successful completion of one year of experience in the field of institutional administration. To be completed by supervisor at the facility you were/are employed.

To Apply for Licensure by Reciprocity:

1. **Application for Nursing Home Administrator License (Form #418)** – Prior to applying for licensure, applicant must have passed the Wisconsin State Law Exam. To apply for the examination, see Application for Examination (Form #1573).

2. **Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.

3. **Verification of Licensure (Form #419)** – Must be completed by each state licensing Board or agency in which you hold a credential. A photocopy of the credential is not acceptable.

4. **Reciprocity Experience Record (Form #2470)** – Submit evidence of having practiced as a Nursing Home Administrator for at least 2,000 hours in any consecutive 3-year period within the 5-year period immediately preceding the date of application.

5. **Official Transcripts** – An official transcript must be submitted with your application to verify your bachelor’s degree in any field that was obtained from an accredited college or university. If you have not received a Bachelor’s degree, you will then need to submit a current certification as a Nursing Home Administrator granted by the American College of Health Care Administrators.

**Experience:** An applicant for the examination is not required to have completed the education or experience requirement prior to taking the examinations. Upon passing the required examinations, an applicant must complete the following experience requirement according to the type of education completed:

Wis. Admin. Code § NHA 3.01 requires completion of one of the following academic programs:

1. **Regular Course of Study:** A successful completion of a supervised clinical practicum, which means work experience acquired in a nursing home in conjunction with the approved program as defined in Wis. Admin. Code § NHA 1.02(9).

2. **Program of Study:** Successful completion of one year of experience in the field of institutional administration as defined in Wis. Admin. Code § NHA 1.02(1).

3. **Specialized Course:** Successful completion of one year of experience in the field of institutional administration as defined in Wis. Admin. Code § NHA 1.02(1).
Wisconsin Department of Safety and Professional Services

Approved Courses of Study: Wis. Admin. Code § NHA 3.01 requires all regular courses of study, programs of study, and specialized courses be approved by the Board. Courses are approved only on the basis that they meet the requirement as specified in Wis. Stats. § 456.04(4). Courses and programs other than those listed will be considered based on information submitted by the applicant. This information should include course or program content and description as provided by the school or educational agency.

1. Regular Course of Study: (the following courses have been approved by the Board)

   Concordia University-Wisconsin, Bachelor of Arts Degree in Health Care Administration 12800 N. Lake Shore Drive, Mequon, WI 53092-7699: (414) 243-5700

   St. Joseph's College, Long-Term Care Administration P.O. Box 1198, North Windham, ME 04062-1198: (800) 343-5498

   Southern College of Seventh-Day Adventists, Bachelor of Science Degree in Long-Term Health Care Administration P.O. Box 370, Collegedale, TN 37315-0370: (615) 238-2754

   Southwest Texas State University, Bachelor of Science in Health Professions, Major: Long-Term Health Care Administration

   University of Wisconsin-Eau Claire, NHA Baccalaureate Program 105 Garfield Ave., Eau Claire, WI 54701: (715) 836-2628

   University of Wisconsin-Madison Extension, NHA Long-Term Care 21 N. Park Street, 7th Floor, Madison, WI 53715: (608) 262-1156

   Ohio State University, NHA Core of Knowledge Course, College of Business, Executive Education 941 Chatham Lane, Columbus, OH 43221: (614) 442-1316

   St. Mary's College, MA in Human and Health Services Administration Minneapolis Graduate Center, 2510 Park Ave., S., Minneapolis, MN 55404: (612) 874-9877

   St. Joseph's College, General Health Care Administration P.O. Box 1198, North Windham, ME 04062-1198: (800) 343-5498

   University of North Carolina, Long-Term Care Administration LTCE #201 and LTCE #202 706 Greenwood Rd., Chapel Hill, NC 27514: (919) 929-4454

2. Specialized Courses: (the following courses have been approved by the Board)

   University of Wisconsin-Eau Claire, Health and Aging Services Administration (HASA) Certificate 105 Garfield Ave., P.O. Box 4004 Eau Claire, WI 54702-4004: (715) 836-3636 (No longer being offered.)

   University of Wisconsin-Madison Extension, NHA Long-Term Care 21 N. Park Street, 7th Floor, Madison, WI 53715: (608) 262-1156

   St. Joseph's College, General Health Care Administration P.O. Box 1198, North Windham, ME 04062-1198: (800) 343-5498

   University of North Carolina, Long-Term Care Administration LTCE #201 and LTCE #202 706 Greenwood Rd., Chapel Hill, NC 27514: (919) 929-4454

3. Program of Study:

   To satisfy the educational requirement under a Program of Study, a student must complete all of the following courses:

   a. OAD 46364 Comprehensive Long-Term Health Care (4 credits)
   b. HUS 30154 Issues in Gerontology (4 credits)
   c. OAD 46164 Long-Term Care Policy and Regulation (4 credits)
   d. OAD 37064 Long-Term Care Administration (4 credits)

#418 (Rev. 5/17)
Ch. 456, Stats.

Committed to Equal Opportunity in Employment and Licensing
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ARE YOU A VETERAN? If yes, please view the Department website at http://dsps.wi.gov under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? □ Yes □ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number: ____________________________

If you qualify, are you requesting equivalency of your Military Training and experience? □ Yes □ No

If Yes, complete and return the Veteran Request Application Addendum (Form #2996). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? □ Yes □ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (Form #2982).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at http://dsps.wi.gov and select the “Professional Credential Renewal Information.”

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1. Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. □ Yes □ No

2. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. □ Yes □ No

3. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. □ Yes □ No

4. Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252). □ Yes □ No

5. Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. □ Yes □ No

6. Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet. □ Yes □ No

7. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): □ Yes □ No

8. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: □ Yes □ No
CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

☐ A citizen or national of the United States, or
☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I’ve provided to the Department of Safety and Professional Services change.

Signature: ___________________________ Date: ______________ / ______________ / ______________

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