

Michigan Department of Community Health  
**Board of Nursing Home Administrators**

P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## **NURSING HOME ADMINISTRATOR LICENSE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Nursing Home Administrators. Questions regarding your application can be directed to the Michigan Board of Nursing Home Administrators at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time.

### **GENERAL INSTRUCTIONS FOR ALL APPLICANTS**

Please mark the appropriate type of license for which you are applying. Read all instructions carefully and answer all questions on the application. Failure to correctly complete the application in its entirety may delay the processing of your application. Submit a completed application with the proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

### **LICENSE BY EXAMINATION:**

1. All applicants must apply for the Michigan NHA license before being allowed to take the licensing examinations. You will be required to take and pass both the Michigan and the National examinations. Both examinations are administered in a computerized format. A passing score on either the Michigan or the National Examination is valid for 1 year from the date of the examination.
2. To meet the educational requirements for examination, you must arrange for one of the following to be received in this office:
  - a. A transcript showing a bachelor's or higher degree conferred, forwarded directly to this office from the educational institution; **OR**
  - b. A copy of your current Michigan Registered Nurse License; **OR**
  - c. Proof of having completed one of the following approved educational programs in Nursing Home Administration. Documentation of completion must be sent to the Board directly from the educational program:
    - i. Michigan State University's continuing education program in nursing home administration
    - ii. Madonna University's nursing home administration certificate program
    - iii. Oakland Community College's certificate program in health care administration
3. Verification of licensure from any state where you hold or have ever held a nursing home administrator license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed or registered.

Once you have met the requirements for examination, you will be sent information about how to register on-line to take the examinations. More information about the computerized examinations can be found on the NAB website: [www.nabweb.org](http://www.nabweb.org). Information about exam review courses sponsored by the Michigan Chapter of the American College of Health Care Administrators (ACHCA) is available on their website, [www.miachca.org](http://www.miachca.org), under "Education".

### **LICENSE BY ENDORSEMENT:**

(Requires a current, active license as a Nursing Home Administrator in another U.S. jurisdiction.) You will be required to take and pass the Michigan Examination.

1. Submit a completed application with proper fee.
2. Verification of licensure from any state where you hold or have ever held a nursing home administrator license or registration. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed or registered.

Once you have met the requirements for examination, you will be sent information about how to register on-line to take the examination. More information about the computerized examination can be found on the NAB website: [www.nabweb.org](http://www.nabweb.org).

### **GENERAL INFORMATION**

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Nursing Home Administrators in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing Home Administrators in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 222.16174 (3). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: Department of Community Health, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.***

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD.





STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

## **CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS (out of state locations)**

Procedure to search criminal history records when fingerprints are required by law:

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card. The ink fingerprint must be completed on the FBI card.
2. Submit the FBI card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$65.25 made payable in U.S. Funds to Integrated Biometric Technology at the following address:

IBT c/o Livescan  
1650 Wabash Ave. Ste. D  
Springfield, IL 62704

3. IBT will submit your fingerprints to the Michigan State Police for analysis.
4. If no criminal history information is found, the Bureau of Health Professions will be notified within 24-48 hours.
5. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
6. Call IBT toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
7. IBT is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 322-1956.

## LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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**Applicant Instructions:** Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

### REQUESTING AGENCY INFORMATION

Agency I.D. Number: <b>71734k</b>	Agency Name: <b>Department of Community Health, Bureau of Health Professions</b>
Reason Fingerprinted: <b>LHP - Licensed Health Care Professional</b>	Cost: <b>\$65.25</b>

**\*\*Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

**APPLICATION FOR NURSING HOME  
ADMINISTRATOR LICENSE**

Authority: Public Act 368 of 1978, as amended  
if this form is not completed, a license will not be issued.

**Type or Print Only**

Board Use Only
License Number
Date of Licensure

**I AM APPLYING FOR THE FOLLOWING**

- License by Examination- Fee: \$75.00 71-4801-2501
- License by Endorsement - Fee: \$75.00 71-4801-2801

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan License Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Name of School and Location	Certificate or Degree Granted	
Date of Course Completion	Registered Nurse License Number (If Applicable)	
Have you ever held a health professional license in Michigan?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period or any 1 malpractice settlement, award or judgment totaling \$200,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name
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6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you hold or have you ever held a nursing home administrators license in any state? List each state, the license number, the date issued, and how license was obtained (either endorsement or examination). <b>DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

State	License Number	Date of Issue	How obtained (Endorsement or examination)

<b>CERTIFICATION</b>	
<p>I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.</p> <p>I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.</p> <p>The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.</p>	
Signature of Applicant	Date

**Michigan Department of Community Health**  
**Bureau of Health Professions**  
P.O. Box 30670  
Lansing, MI 48909

**VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE**

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

<b>Check the profession for which you are requesting verification.</b>		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology <input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Basis for Issuance of License: <input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.)		<input type="checkbox"/> Endorsement - Please indicate name of state		Type of License:
License Status <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	Original Issue Date	Expiration Date		
Has the applicant incurred any formal or informal actions in your State? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.				
Are formal or informal actions pending? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**CERTIFICATION**

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Type or Print Name**

( S E A L )

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Full Name of Licensing Board**

**STATE OF MICHIGAN**  
**Michigan Nursing Home Administrator State Licensure Examination**

The Michigan Nursing Home Administrator Licensure Examination is designed to determine that entry-level administrators possess the knowledge essential to protect the public's health, safety, and welfare. The Michigan exam is called **NSBL** on the exam registration website.

**STATE EXAMINATION INFORMATION**

The Michigan Nursing Home Administrator Licensure Examination (NSBL) consists of 100 multiple-choice questions based on the laws and rules of Michigan that apply to nursing home administration and facilities management. The content and weighting of the examination are as follows:

- I. Community/Public Health Laws ..... 50%**
  - A. State Administration
  - B. Administrative Management of Facilities
  - C. Patient Care
  - D. Physician Services
  - E. Nursing Services
  - F. Infection Control
  - G. Food Services
  - H. Pharmaceutical Services
  - I. Other Services
  - J. Records
  - K. Building and Grounds
  - L. Emergency Procedures
  
- II. Medicaid Regulations ..... 20%**
  - A. Contractual Obligations
  - B. Reporting Requirements
    - 1. Admission and Discharge
    - 2. Patient Financial Status Requirements
    - 3. Trust Fund Reporting Requirements
    - 4. Annual Cost Reporting
    - 5. Billing Procedures
  
- III. Nursing Home Administrators' State License Law, ..... 10%**  
**"Michigan Public Health Code", Article 15, Part 161 and Administrative Rules of Michigan Board**
  
- IV. State Fire Safety Laws ..... 10%**
  
- V. Michigan Labor Laws and Management Laws..... 10%**
  - A. Unemployment Insurance
  - B. Worker's Compensation
  - C. Labor Relations

## **REFERENCE INFORMATION**

Suggested References for the Michigan Nursing Home Administrator Licensure Examination:

1. "Michigan Public Health Code", Article 17, Parts 201 and 217, and "Rules for Nursing Homes and Nursing Care Facilities" – Internet address: [www.michigan.gov/mdch](http://www.michigan.gov/mdch). Click on Health Systems & Health Profession Licensing on the left side of the page, then Bureau of Health Systems near the top of the next page. In the blue boxes in the middle of the next page, click on "Rules and Regulations". Under "State Legislation" look for "Michigan Administrative Code" and then download "Nursing Home and Nursing Care Facilities" rules. Scroll toward the bottom of the same page to the section on the Public Health Code. The state exam includes questions from the information listed under "Facilities and Agencies" and "Nursing Homes". If you do not have internet access, contact the Department of Community Health (MDCH), Division of Nursing Home Monitoring, Field Services Section, PO Box 30035, Lansing, MI 48909, telephone: 517-334-8408.
2. "Nursing Facility" chapter of the Medicaid Provider Manual, Department of Community Health (DCH), Medical Services Administration (MSA) – Internet address: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders). Scroll through the box in the middle of the page that is titled "Medicaid Inquiry, Eligibility & Policy", then click on "Medicaid Provider Manual" to obtain the chapter on Nursing Facilities. If you do not have internet access, contact Medicaid Policy Support at 517-241-7903 to order a CD copy of the Medicaid Provider Manual.
3. "Michigan Public Health Code", Article 15, Part 161. Internet address: [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense). Click on Nursing Home Administrator on the left side of the page, then under "Licensing Information" click on "Public Health Code". Then click on the first document listed, 368-1978-15-161, Part 161 General Provisions. If you do not have internet access, contact the Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909, telephone: 517-335-0918.
4. "Administrative Rules of the Nursing Home Administrators Board", Rules 339.14001 through 339.14035, Internet address: [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense). Click on Nursing Home Administrator on the left side of the page, then under "Licensing Information" click on "Administrative Rules" and then on "General Rules" under "Nursing Home Administration". If you do not have internet access, contact the Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909, telephone: 517-335-0918.
5. "Health Care Facilities Fire Safety Rules" – Administrative Rule 29.1801 through Rule 29.1861 – Internet address: [www.michigan.gov/dleg](http://www.michigan.gov/dleg). Click on "Inside DLEG", then on the left side of the page click on "Policy & Legislative Affairs" and then on "Orders & Rules." Under "Michigan Administrative Code (Rules)", click on "DLEG-Michigan Administrative Code (Rules)" and then "Bureau of Fire Services" and finally, under "State Fire Safety Board", click on "Health Care Facilities Fire Safety". If you do not have internet access, contact DLEG, Bureau of Fire Services, P.O. Box 30700, Lansing, MI 48909, telephone: 517-241-8847.
6. "Workers' Compensation", 3 publications: Internet address: [www.michigan.gov/wca](http://www.michigan.gov/wca). Click on "Publications" on the left side of the page. Exam questions will come from three of the listed publications: WCA Administrative Rules, Medical Services: An Overview for Workers' Compensation in Michigan, and Workers Disability Compensation Act of 1969, Act 317 of 1969. If you do not have internet access, contact DLEG, Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909, telephone: 1-888-396-5041 or 517-322-1980.
7. "Employer Handbook" – Available only through mail order. Order forms are available on-line at: [www.michigan.gov/uia](http://www.michigan.gov/uia). To download the UIA Employer Handbook Order Form, click on "Forms" on the left side of the page. Then, under the section titled "UIA Employer Forms" the UIA Employer Handbook Order Form is the first one listed.