



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

**APPLICATION FOR A NURSING HOME ADMINISTRATOR LICENSE**

Authority: 1978 PA 368

**(This Form Should Not Be Used For License Renewal)**

Print or Type Clearly

Applicant's Legal Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>	
U.S. Social Security # <i>(New Applicants Only)</i>		Date of Birth <i>(New Applicants Only)</i>	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____			

<b>CHECK THE LICENSE/OBTAINED BY METHOD</b>	<b>FOR OFFICE USE ONLY</b>
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<input type="checkbox"/> NHA – By Endorsement <b>\$82.05</b> 4801-09 <input type="checkbox"/> NHA – By Exam <b>\$82.05</b> 4801-01 <input type="checkbox"/> NHA – Relicensure <b>\$102.05</b> 4801-06	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">License Number</td> <td style="width: 30%;">Issue Date</td> </tr> <tr> <td style="height: 150px;"> </td> <td> </td> </tr> </table>	License Number	Issue Date		
License Number	Issue Date				
<p>Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b>, must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.</p>					

**Professional Education**  
(Attach additional sheets if necessary)

Name of School	Name of Degree Granted

**License(s) in Other State(s) and/or Country**

List each state or country where you have ever held a nursing home administrator license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license or registration. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed and/or pending disciplinary proceedings against a license or registration, you must submit documentation that sanctions are not in force or there are not pending disciplinary proceedings at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings? (If Yes, be Specific)

**Good Moral Character Questions**

If you answer “yes” to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

Answering “yes” to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).

Have you ever been convicted of a felony?  Yes    No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?  Yes    No

### **Required Additional Documents:**

#### **All Applicants**

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (***except those applicants seeking relicensure, if the license expired within the last three years.***)

#### **License by Endorsement**

- Request verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States in which you hold a current license or ever held a license as a nursing home administrator. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- **If you have been licensed less than 5 years in another state prior to applying for a Michigan license**, you must also have a Certification of Nursing Home Administrator Education form submitted directly to this office by your educational institution accredited by the Council of Higher Education and Accreditation (CHEA) that indicates you have completed a course of instruction that is a minimum of 9 semester credits or 144 clock hours of instruction and must include all of the following subjects: 1) Administrative management of a nursing home; 2) Human resources management in a nursing home; 3) Financial management of a nursing home; 4) State and federal laws and regulations regarding the nursing home industry, 5) Operation of a nursing home, emergency preparedness, including Medicare and Medicaid provider compliance with the requirements of the Life Safety Code, and the protection of patients' health, safety, and welfare in a nursing home; 6) Gerontology or the aging process; and 7) Identification of elder abuse and neglect.

#### **License by Exam**

- You must have a Certification of Nursing Home Administrator Education form submitted directly to this office by your educational institution accredited by the Council of Higher Education and Accreditation (CHEA) that indicates you have completed a minimum of 9 semester credits or 144 clock hours of instruction and must include all of the following subjects: 1) Administrative management of a nursing home; 2) Human resources management in a nursing home; 3) Financial management of a nursing home; 4) State and federal laws and regulations regarding the nursing home industry, 5) Operation of a nursing home, emergency preparedness, including Medicare and Medicaid provider compliance with the requirements of the Life Safety Code, and the protection of patients' health, safety, and welfare in a nursing home; 6) Gerontology or the aging process; and 7) Identification of elder abuse and neglect.

#### **OR**

A Certification of Employment form submitted directly to this office by the director of the Michigan-licensed hospital where you have been employed as a chief executive or administrative officer for not less than 5 of the 7 years immediately preceding the date of this application.

- Pass the National Core of Knowledge Exam for Long Term Care Administrators and the National Nursing Home Administrators Line of Service Examination. (See Examinations below)

#### **NHA Relicensure**

- **If your Michigan Nursing Home Administrator license has been lapsed for less than 3 years:**
  - Request verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States or province of Canada in which you hold a current license or ever held a license as a nursing home administrator. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
  - Provide proof of earning not less than 36 hours of board-approved continuing education credits during the 2 years immediately preceding date of application. A maximum of 20 continuing education hours may be earned through online or electronic media, such as videos, internet webs-based seminars, video conference, online continuing education programs, or through any other media that do not permit live interaction between the presenter and the licensee. A minimum of 2 continuing education hours must be earned in pain and symptom management. A minimum of 1 continuing education hour must be earned in state specific laws and regulations pertaining to licensed nursing home and nursing care facilities.

- **If your Michigan Nursing Home Administrator license has been lapsed for 3 years or more and you are currently licensed in another state:**
  - Request verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States or province of Canada in which you hold a current license or ever held a license as a nursing home administrator. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
  - You must have a Certification of Nursing Home Administrator Education form submitted directly to this office by your educational institution accredited by the Council of Higher Education and Accreditation (CHEA) that indicates you have completed a course of instruction that is a minimum of 9 semester credits or 144 clock hours of instruction and must include all of the following subjects: 1) Administrative management of a nursing home; 2) Human resources management in a nursing home; 3) Financial management of a nursing home; 4) State and federal laws and regulations regarding the nursing home industry, 5) Operation of a nursing home, emergency preparedness, including Medicare and Medicaid provider compliance with the requirements of the Life Safety Code, and the protection of patients' health, safety, and welfare in a nursing home; 6) Gerontology or the aging process; and 7) Identification of elder abuse and neglect.
- OR**  
 A Certification of Employment form submitted directly to this office by the director of the Michigan-licensed hospital in any state or territory of the United States where you have been employed as a chief executive or administrative officer for 5 of the 7 years immediately preceding the date of this application.
- Provide proof of earning not less than 36 hours of board-approved continuing education credits during the 2 years immediately preceding date of application. A maximum of 20 continuing education hours may be earned through online or electronic media, such as videos, internet webs-based seminars, video conference, online continuing education programs, or through any other media that do not permit live interaction between the presenter and the licensee. A minimum of 2 continuing education hours shall be earned in pain and symptom management. A minimum of 1 continuing education hour must be earned in state specific laws and regulations pertaining to licensed nursing home and nursing care facilities.
- **If your Michigan Nursing Home Administrator license has been lapsed for 3 years or more and you are NOT currently licensed in another state:**
  - Request verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States or province of Canada in which you hold a current license or ever held a license as a nursing home administrator. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
  - Provide proof of earning not less than 36 hours of board-approved continuing education credits during the 2 years immediately preceding date of application. A maximum of 20 continuing education hours may be earned through online or electronic media, such as videos, internet webs-based seminars, video conference, online continuing education programs, or through any other media that do not permit live interaction between the presenter and the licensee. A minimum of 2 continuing education hours shall be earned in pain and symptom management. A minimum of 1 continuing education hour must be earned in state specific laws and regulations pertaining to licensed nursing home and nursing care facilities.
  - Pass the National Core of Knowledge Exam for Long Term Care Administrators and the National Nursing Home Administrators Line of Service Examination. (See Examinations below)

## **EXAMINATIONS**

The Nursing Home Administrators Core of Knowledge and Line of Service Licensing Examinations are computerized examinations developed and administered by the National Association of Long Term Care Administrator Boards (NAB). Information may be obtained at NAB's website: [www.nabweb.org](http://www.nabweb.org). Please note that you will not be able to schedule an examination until this office receives the required documentation, licensure application, application fee, and determines you eligible to sit for the examination(s).

The Michigan Chapter of the American Health Care Administrators sponsors exam review courses. Information is available on their website: [www.miachca.org](http://www.miachca.org).

**CERTIFICATION AND SIGNATURE**

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 Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

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Signature

\_\_\_\_\_  
Date