



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

APPLICATION FOR A NURSING HOME ADMINISTRATOR LICENSE

Authority: 1978 PA 368

Print or Type Clearly

Applicant's 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: _____				
CHECK THE LICENSE/OBTAINED BY METHOD			FOR OFFICE USE ONLY	
<input type="checkbox"/> NHA – By Endorsement \$78.00 4801-09 <input type="checkbox"/> NHA – By Exam \$78.00 4801-01 <input type="checkbox"/> NHA – Relicensure \$98.00 4801-06			License Number	Issue Date
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.				

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 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. Documentation may include a certificate of employability, if applicable.

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 or territory 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.
- Pass the State-Based Laws and Regulations Examination (NSBL) for Michigan.
- **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 **OR** a Certification of Employment form submitted directly to this office by the director of the Michigan-licensed hospital where you have been employed.

License by Exam

- Have a Certification of Nursing Home Administrator Education form submitted directly to this office by your educational institution **OR** a Certification of Employment form submitted directly to this office by the director of the Michigan-licensed hospital where you have been employed.
- 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)
- Pass the State-Based Laws and Regulations Examination (NSBL) for Michigan.

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 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. Not less than 18 continuing education hours shall be earned by successfully completing live courses or programs.
- **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 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.
 - Pass the State-Based Laws and Regulations Examination (NSBL) for Michigan. (See Examinations below)
 - If you have **not** been licensed and practicing in another state for 5 consecutive years prior to applying for relicensure of your Michigan license, you must have a Certification of Nursing Home Administrator Education form submitted directly to this office by your educational institution **OR** a Certification of Employment form submitted directly to this office by the director of the Michigan-licensed hospital where you have been employed.
- **If your Michigan Nursing Home Administrator license has been lapsed for 3 years or more and you are NOT currently licensed in another state**, you must satisfy the requirements listed under License by Examination (see above).

EXAMINATIONS

The Nursing Home Administrators Core of Knowledge and Line of Service Licensing Examinations and the State-Based Laws and Regulations Examination 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. 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.

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.

Signature

Date