



Bureau of Professional Licensing
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CERTIFICATION OF NURSING HOME ADMINISTRATOR EDUCATION

Authority: 1978 PA 368

This form must be submitted directly to this office by your educational institution. If this form is submitted by the applicant, it will not be accepted.

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Name of Educational Institution		
Address of Educational Institution		
City	State	Zip Code

CERTIFICATION AND SIGNATURE

I certify the applicant has completed instruction at an institution accredited by an accrediting agency recognized by the Council for Higher Accreditation and the instruction included a minimum of 9 semester credits or 144 hours clock hours of instruction and included all of the following subjects: Administrative management of a nursing home; Human resources or personnel management in a nursing home; Financial management of a nursing home; State and federal laws governing the operation of a nursing home and the protection of patients in a nursing home; Gerontology or the aging process; Patient care; Services provided in a nursing home; Infection control; Environmental issues; Emergency preparedness.

 Signature of Program Director

 Date

 Print or Type Name of Director

(Seal) If academic institution has no seal, please indicate.