

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Professional Licensing  
PO Box 30670 Lansing, MI 48909  
(517) 335-0918  
www.michigan.gov/bpl

**INSTRUCTIONS FOR NURSING HOME ADMINISTRATOR CONTINUING EDUCATION  
SPONSOR APPLICATION**

Authority: Public Act 368 of 1978, as amended. If this form is not completed, certification will not be issued.

**GENERAL INFORMATION:**

All nursing home administrators must complete approved continuing education (CE) courses in order to be eligible for renewal. Sponsors seeking approval of a continuing education program that is not already approved by the NAB (National Association of Long Term Care Administrator Boards) may apply for approval of the CE program by completing the enclosed application.

**SPONSOR APPLICATIONS:**

1. Applications must be received at least 45 days prior to the program being held. This allows for processing and notification of approval prior to the event.
2. All documentation must be included to avoid processing delays.
3. Attendance Monitoring: Please indicate how attendance is monitored by including sample documents and the name of the person monitoring the attendance. The Board wants assurance that attendees are checked out when leaving and checked back in when returning. These times should be verified by the person monitoring attendance. This procedure should include times in which the attendees leave one topic and go to another topic, within the same program.
4. Sponsors are required to maintain written records of individual attendance for a period of three (3) years, per Rule 339.14027(1).
5. Credits will be calculated using a 50-60 minute hour. To be given credit for one hour, the educational program must be at least 50 minutes long. A program that is scheduled for 50-60 minutes is equal to one credit hour of CE.

Partial credit may be calculated as "total educational session minutes divided by 50, rounding to one decimal point," as illustrated in the following examples:

**Example 1:** If the total duration of the "educational session" is 275 minutes, then:  
 $275 \div 50 = 5.5$  continuing education credits.

**Example 2:** If the total duration of the "educational session" is 280 minutes, then:  
 $280 \div 50 = 5.6$  continuing education credits.

6. Credits may be awarded only for time spent in **education sessions**. Registration, breaks, meals, time spent on evaluations, introductions, etc., are not computed in the educational session credits, per Rule 339.14031(1).

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**SPONSOR APPLICATION FOR APPROVAL OF HOME ADMINSTRATOR'S CONTINUING EDUCATION CREDIT**

Authority: Public Act 368 of 1978, as amended. If this form is not completed, certification will not be issued.

**SECTION I – PROGRAM INFORMATION**

Sponsor Name:		
Sponsor Street Address:		
City:	State:	Zip Code:
Contact Name:	Phone Number:	
Continuing Education Program Title:		
Program Date:	Program Location:	
Total number of "Education Session" Hours (Excluding breaks, meals, etc.)		

**PROGRAM INFORMATION: PLEASE CHECK THE TOPIC(S) WHICH MOST CLOSELY IDENTIFIES THE CONTINUING EDUCATION PROGRAM:**

<input type="checkbox"/> Behavioral Science <input type="checkbox"/> Geriatrics/Gerontology <input type="checkbox"/> Marketing <input type="checkbox"/> Management <input type="checkbox"/> Economics/Finance	<input type="checkbox"/> Pharmacology & Toxicology <input type="checkbox"/> Health Care <input type="checkbox"/> Labor Relations <input type="checkbox"/> Law <input type="checkbox"/> Communications	<input type="checkbox"/> Any other subjects contributing to the professional competency of the licensee
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APPLICANT Please check	SECTION II - ELEMENTS TO BE INCLUDED WITH APPLICATION - CHECKLIST
	This continuing education course is a planned learning program designed to promote the continual development of knowledge, skills, and attitudes on the part of the licensee. The application includes:
	RESUME for each speaker/instructor (limited to 2 pages per speaker) – and a copy of the instructional objectives, if not detailed in the program brochure.
	COURSE OUTLINE – (rationale, objective, goal, schedule, content). Include an explanation of how the program has been designed to further educate the licensee.
	DELIVERY METHOD(S): Description of how the program is presented and the techniques that will be employed to assure active participation

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, ex, 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.

**SECTION II – ELEMENTS TO BE INCLUDED WITH APPLICATION – CHECKLIST (continued)**

APPLICANT Please check	<b>SECTION II - ELEMENTS TO BE INCLUDED WITH APPLICATION - CHECKLIST</b>
	The continuing education course has responsible sponsorship and capable direction including administrative support, which assures maintenance and availability of adequate records of participation as well as adequate budget and instruction resources. The application includes:
	The name, title, and address of the Program Director and a description of his/her qualifications to direct this program.
	A description of how participants will be notified that CE credit has been earned. Include a copy of the certificate or other document to be issued.
	A description of how attendance will be monitored, sample documents, and the name of the person monitoring attendance.
	A description of the “refund policy” for the program, as required by Rule 339.14025.

**CERTIFICATION**

I hereby certify that the statements made in this application are true, complete, and correct, and the materials submitted accurately reflect the presentation and administration of this continuing education program.

If this is not signed and dated, your application will not be complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

**BOARD USE ONLY**

Reviewed and Approved by:

Number of Hours Approved For:

If less than requested, specific reason:

**DENIED APPLICATION:**

Reason for Denial:

**PENDING APPLICATION:**

Information Needed to Complete Application:

## VERIFICATION OF ATTENDANCE AT A NURSING HOME ADMINISTRATOR'S CONTINUING EDUCATION PROGRAM

Authority: Public Act 368 of 1978, as amended. If this form is not completed, certification will not be issued.

**Please return this form within 30 days after this program has been completed.**

Sponsor Name:		
Sponsor Street Address:		
City:	State:	ZIP Code:
Continuing Education Program Title:		
Program Date & Location:		
Date Names Reported:	Michigan Approval Number:	

The information requested on this form is required and will be used to provide administrative services to licenses. This form is to be used only by the Sponsor/Coordinator to report attendance and is not intended for use as a sign-in/check sheet or for any other public use. **You may duplicate this form if needed.**

MI PERMANENT ID/LICENSE #	NAME	HOURS EARNED	FACILITY

Signature of Coordinator:	Date:
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The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, ex, 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.