

**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 to be eligible for renewal. Sponsors seeking approval of a CE program that is not already approved by the National Association of Long Term Care Administrator Boards (NAB) or offering a course that is not a part of the curriculum of a college or university accredited by the Council of Higher Education Accreditation (CHEA) may apply for approval of the CE program or course by completing the enclosed application.

SPONSOR APPLICATIONS:

1. Applications must be received at least 120 days before the program or course being held. This allows for processing, review by the Board of Nursing Home Administrators, and notification of approval before the program or course will be offered. The Board will not approve a program or course after the first date of instruction. Rule 339.14026a(5).
2. All required documentation must be included with the application 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 or course.
4. Sponsors are required to maintain written records of individual attendance for a period of four (4) years per Rule 339.14026a(4).
5. One credit hour of CE will be earned for each 50-60 minutes of participation in the CE program or course.

Partial credit may be earned for participation in a CE program or course that exceeds 60 minutes, as illustrated in the following examples:

Example 1: If the total duration of the participation in the CE program or course is 275 minutes, then: $275 \div 50 = 5.5$ CE credits (rounding to 1 decimal point).

Example 2: If the total duration of the participation in the CE program or course is 280 minutes, then: $280 \div 50 = 5.6$ CE credits (rounding to 1 decimal point).

6. Credits may be awarded only for the time spent participating in a CE program or course. Registration, breaks, meals, time spent on evaluations, introductions, etc., are not computed in the credits earned.
7. The sponsor applications must be submitted to the Department by emailing the application to BPL-BoardSupport@Michigan.gov or by mailing the application **by certified mail** to:

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
PO Box 30670
Lansing, MI 48909

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Professional Licensing
 PO Box 30670 Lansing MI 48909
 (517) 241-7500

BPL-BoardSupport@Michigan.gov

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 OR COURSE INFORMATION

Sponsor Name:		
Sponsor Street Address:		
City:	State:	Zip Code:
Contact Name:	Phone Number:	
Program or Course Title:		
Program or Course Date(s):	Program or Course Location:	
Number of credit hours to be earned for participation in the continuing education program or course, excluding pain/symptom management and state specific laws/regulations. (Excluding breaks, meals, etc.)		
If applicable, the number of "pain and symptom management" credit hours to be earned for participation in the continuing education program or course. (Excluding breaks, meals, etc.) The course or program outline must indicate the length of time spent on this subject.		
If applicable, the number credit hours to be earned for participation in the continuing education program or course covering "state specific laws and regulations pertaining to licensed nursing home and nursing care facilities." (Excluding breaks, meals, etc.) The course or program outline must indicate the length of time spent on this subject.		

PROGRAM OR COURSE INFORMATION: PLEASE CHECK THE TOPIC(S) WHICH MOST CLOSELY IDENTIFIES THE CONTINUING EDUCATION PROGRAM OR COURSE:		
<input type="radio"/> Behavioral Science <input type="radio"/> Pain and symptom Management <input type="radio"/> State Law pertaining to licensed nursing home and nursing care facilities <input type="radio"/> Federal Law pertaining to licensed nursing home and nursing care facilities <input type="radio"/> Geriatrics/Gerontology/Aging <input type="radio"/> Economics/Finance/Marketing/Management	<input type="radio"/> Pharmacology & Toxicology <input type="radio"/> Human Resources <input type="radio"/> Health Care/Patient Care/Elder Abuse & Neglect Identification <input type="radio"/> Communications/Information Technology	<input type="radio"/> Other subjects contributing to the professional competency of the licensee, please specify:

SECTION II – DOCUMENTS TO BE INCLUDED WITH APPLICATION – CHECKLIST

APPLICANT Please check	SECTION II - DOCUMENTS TO BE INCLUDED WITH APPLICATION - CHECKLIST
	This continuing education program or course is designed to promote the continual development of knowledge, skills, and attitudes on the part of the licensee. Provide the following with the application:
<input type="radio"/>	RESUME(S): Include a resume for each speaker/instructor (limited to 2 pages per speaker).
<input type="radio"/>	COURSE OUTLINE: Include a course outline describing the instructional objectives, program or course or program goal(s), a course or program schedule indicating the length of time to be spent on each topic, and a description of the content for each topic. Include an explanation of how the program or course has been designed to further educate the licensee.
<input type="radio"/>	DELIVERY METHOD(S): Provide a description of how the program or course is presented and the techniques that will be employed to ensure active participation by the attendee.
<input type="radio"/>	MATERIALS: A list or copy of all instructional materials to be used.
<input type="radio"/>	REFUND POLICY: A copy of the sponsor's written refund policy, as required by Rule 339.14026a.
<input type="radio"/>	RETENTION POLICY: A copy of the sponsor's policy for retention of documents verifying course completion, rule 339.14026a
<input type="radio"/>	ADMINISTRATION: Provide documentation to demonstrate that the continuing education program or course has responsible sponsorship, including the capability to provide administrative support, ensure maintenance and availability of adequate records of participation, and appropriate financial and instructional resources.
<input type="radio"/>	PROGRAM DIRECTOR: Provide the name, title, and address of the Program Director and include a description of his/her qualifications to direct this program or course.
<input type="radio"/>	VERIFICATION OF ATTENDANCE: Provide a description of how each participant will be notified that CE credit has been earned. Include a copy of the certificate or other document to be issued which must include the following: <ol style="list-style-type: none"> 1. Participant's name; 2. Date(s) the participant attended. 3. The location where the participant attended. 4. The Sponsor's approval number.

	<p>5. The total number of hours of CE earned. 6. If applicable, the total number of hours of pain and symptom management CE hours earned. 7. If applicable, the total number of hours of state specific laws and regulations CE hours earned.</p>
	<p>ATTENDANCE MONITORING: Provide a description of how attendance will be monitored, sample document, and the name of the person who will be monitoring program or course attendance.</p>

CERTIFICATION	
<p>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 or course.</p> <p>If this is not signed and dated, your application will not be complete.</p>	
Signature	Title
Type or Print Name	Date

The sponsor applications must be submitted to the Department by emailing the application to BPL-BoardSupport@Michigan.gov or by mailing the application **by certified mail** to:

Department of Licensing and Regulatory Affairs
 Bureau of Professional Licensing
 PO Box 30670
 Lansing, MI 48909

BOARD USE ONLY

Reviewed and Recommended for Approved by:

Date Approved/Denied by the Board of Nursing Home Administrators:

Assigned Approval Number:

<p>Number of Hours Approved, excluding pain/symptom management and state specific laws/regulations: If less than requested, specify reason:</p> <p>Number of Hours Approved for Pain/Symptom Management: If less than requested, specify reason:</p> <p>Number of Hours Approved for State Specific Laws/Regulations Pertaining to Licensed Nursing Home/Nursing Care Facilities: If less than requested, specify reason:</p>	
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DENIED APPLICATION:

Reason for Denial:

PENDING APPLICATION:

Information Needed to Complete Application:

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.

Bureau of Professional Licensing
 PO Box 30670 Lansing MI 48909
 (517) 241-7500

BPL-BoardSupport@Michigan.gov

**VERIFICATION OF ATTENDANCE AT A NURSING HOME
 ADMINISTRATOR'S CONTINUING EDUCATION PROGRAM OR COURSE**

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 or course has been completed.

Sponsor Name:		
Sponsor Street Address:		
City:	State:	ZIP Code:
Continuing Education Program or Course Title:		
Program or Course 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 LICENSE #	NAME	CE HOURS EARNED (EXCLUDING PAIN AND SYMPTOM MANAGEMENT AND STATE LAWS/REGS)	PAIN AND SYMPTOM MANAGEMENT CE HOURS EARNED	STATE LAW AND REG CE HOURS EARNED
Signature of Coordinator:				Date:

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.