



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
NURSING HOME ADMINISTRATOR SECTION
 P.O. Box 110806, Juneau, Alaska 99811-0806
 333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801-0800
 Phone: (907) 465-2550 ★ E-mail: NursingHomeAdministrators@Alaska.Gov
 Website: ProfessionalLicense.Alaska.gov/NursingHomeAdministrators

NURSING HOME ADMINISTRATOR LICENSE APPLICATION PACKET

“Only a licensed nursing home administrator may manage, supervise, or be generally in charge of a nursing home. The care provided by a nursing home or a licensed hospital providing nursing home care through the use of skilled nursing beds or intermediate care beds shall be supervised by a licensed nursing home administrator . . .” AS 08.70.080. Also, “nursing home administrator” means a person who manages, supervises, or is in general charge of a nursing home, even though the duties are shared with another person; a member of a board of directors of a nursing home is an administrator only if the board member also serves in the administrative capacity defined in this paragraph.” AS 08.70.180(5).

GENERAL INSTRUCTIONS

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change.

All documents must be originals or certified true copies of the original documents. To obtain a certified true copy, take the original documents and the photocopies to a notary public so s/he can compare each original document to its copy. Write or type "true copy of the original" on the photocopy and have the notary attest to its authenticity by including the notary's signature and seal. Documents of not larger than 8 ½" x 11" are preferred.

If applying for licensure by examination, please note that the Professional Examination Service (PES) exam is offered year-round, as scheduled, via Computer-Based Testing (CBT). To apply by examination, complete the state's application, provide all supporting documents, and pay the application and license fees (check or money order made payable to the State of Alaska). Upon license application approval, you can apply on-line to NAB/PES to sit for the exam. The NHA Information for Candidates Handbook is available on-line at www.nabweb.org under "Exams." Administrator in Training (AIT) manual information is on page 6 of the application.

APPLICATION FOR LICENSURE BY EXAMINATION

The following documents and fees must be on file with the division before the file will be reviewed:

1. APPLICATION - completed, signed, and notarized, including a recent head and shoulders photograph. The notary's seal must overlie a portion of the photograph. Applicant must be at least 19 years of age as shown on the signed and notarized application. An applicant with a "yes" answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. FEES - Make check or money order payable to the State of Alaska.
 Nonrefundable application fee - \$125 Nursing Home Administrator license fee - \$250
3. EDUCATION - An official transcript of a bachelor's or higher degree in a health care or business-related field from a college or university accredited by a national or regional accrediting association recognized by the U.S. Secretary of Education.
4. A. EXPERIENCE - Work Experience Verification form completed by present or past supervisor(s) to document a minimum of 12 months of experience in health care facility management (pp.4-5); **OR**
 B. TRAINING - Administrator-in-Training (AIT) verification form that meets Alaska's criteria or verifies completion of an AIT program approved by another jurisdiction, and AIT Program Proposal form (pp.5-6).
5. RELEASE - Completed Authorization for Release of Records form (p.9).

APPLICATION FOR LICENSURE BY ENDORSEMENT

The division may issue a license without examination to a qualified person holding a **current** license as a nursing home administrator in another jurisdiction. The applicant must have passed the NAB/PES examination for nursing home administrators with the minimum score recommended by NAB. In addition to items 1 – 5 above, the following must be on file before the application can be reviewed:

1. LICENSE VERIFICATION - Verification of license form (p.8) from each state in which the applicant holds or has held a nursing home administrator license. Make additional copies, if necessary.
2. EXAM RESULTS - Verified by, and sent directly from, the Professional Examination Service (PES) to this division. PES, 475 Riverside Drive, New York, NY 10115, (212) 367-4200.

PROVISIONAL LICENSE

"A provisional license may be granted without examination to a person who meets the standards adopted by the department under AS 08.70.050 and who is needed to fill a vacancy in an administrative position." AS 08.70.130(a). The provisional license is valid for six months from the date of issue and is nonrenewable.

In addition to submitting all the documents (items 1 and 3 - 5) listed under "Application for Licensure by Examination," an applicant for a provisional license must submit the following before a license can be issued: (1) fee of \$225 (\$100 nonrefundable application fee and \$125 provisional license fee), and (2) a letter from the facility where the applicant wishes to work which states the facility's need to fill a vacant nursing home administrator position.

OTHER FEES

Wall certificate (suitable for framing), with initial application or subsequent written request	\$20
Duplicate license fee (with written request)	\$ 5
Verification of licensure to another state (with written request).....	\$20
Returned check fee	\$20
Address change (must be in writing).....	no fee

GENERAL INFORMATION

APPLICATION PROCESSING - The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When the application is complete and correct, all supporting documents have been received, and all fees have been paid, you will be notified of approval to sit for exam, or, if applying by endorsement, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the applicant fails the exam, additional instructions will be provided on how to request to retake it. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

SOCIAL SECURITY NUMBERS - In accordance with AS 08.01.060, the department is not authorized to issue a license unless the applicant's social security number has been provided to the department. If you do not have a social security number, you may download the Request for Exception from Social Security Number Requirement form at ProfessionalLicense.Alaska.gov/NursingHomeAdministrators or contact the division.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS - If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

LICENSE TERM – Licenses are issued for a two-year period. However, all nursing home administrator licenses expire December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

ADDRESS OR NAME CHANGE - In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

ABANDONMENT - Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of license and other fees paid. If no request for refund is received, all fees are forfeited.

DENIAL OF APPLICATION – Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.

STATUTES AND REGULATIONS – The complete set of statutes and regulations for this program is available on the division's website at ProfessionalLicense.Alaska.gov/NursingHomeAdministrators. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

Part III: PROFESSIONAL EMPLOYMENT

List employment experience in institutional management in a health care facility. Management experience must be a minimum of 12 months in which an applicant earned at least 40 hours of experience in each month. The experience must include general administration techniques; fiscal, personnel, and physical facility management; client care issues; federal and state regulations; and public relations. The 12 months' experience need not be consecutive.

How many years of experience do you have in health care institutions? _____

Part IV: TRAINING

Provide information regarding Administrator-In-Training (AIT) program attended, if applicable.

Name of Preceptor	Location of Training	Duration of Program	Starting Date	Completion Date
Name of Preceptor	Location of Training	Duration of Program	Starting Date	Completion Date

Part V: PROFESSIONAL ACTIVITIES

List all current and previous nursing home administrator licenses held in any state, territory, or country; have verifications completed by issuing agencies and sent directly to Alaska. If none, state N/A.

State/Territory/Country	License Number	Date of Issue	Status	Exam or Reciprocity
State/Territory/Country	License Number	Date of Issue	Status	Exam or Reciprocity

This section is for Application by Endorsement ONLY

If applying by Endorsement, list name of exam taken; verification of your score from the Professional Examination Service (PES) must be sent directly to Alaska by PES.	Exam Name		Date Taken		
			Mo	Day	Year
			/	/	

Part VI: PROFESSIONAL FITNESS

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "yes" to any of the questions, explain fully dates and circumstances in a separate, signed letter, and send copies of any supporting documents (court records, etc.).

WHEN IN DOUBT, DISCLOSE AND EXPLAIN!

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense including, but not limited to, a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been or are you under investigation by any state board or agency for alleged misconduct? | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant Name: _____

Part IV: PROFESSIONAL FITNESS CONTINUED

- | | YES | NO |
|--|--------------------------|--------------------------|
| 4. Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Within the past five years, have you been or are you addicted to, excessively used or misused alcohol, narcotics, barbiturates, or habit-forming drugs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Within the past five years, have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to practice as a nursing home administrator?..... | <input type="checkbox"/> | <input type="checkbox"/> |

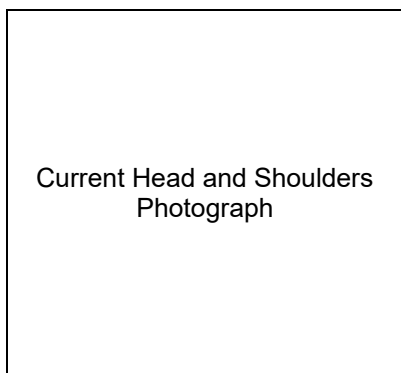
All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at www.commerce.alaska.gov/occ under "License Search."

Under AS 08.70.050(3), an applicant must furnish evidence satisfactory to the department that the applicant has not engaged in conduct set out in AS 08.70.155, Grounds for imposition of disciplinary sanctions, as noted below:

Sec. 08.70.155. Grounds for imposition of disciplinary sanctions. The department may impose the disciplinary sanctions authorized for boards under AS 08.01.075 or otherwise authorized for the department under AS 08.01 when it finds that a licensee

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;
- (5) failed to comply with chapter, with a regulation adopted under this chapter, or with an order of the department;
- (6) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) addiction or severe dependency on alcohol or other drugs that impairs the licensee's ability to practice safely;
 - (C) physical or mental disability;
- (7) sold or furnished a license to another;
- (8) practiced as a nursing home administrator or used a designation tending to imply that the licensee is a nursing home administrator without a license issued under this chapter unless exempted from licensure requirements under AS 08.70.080.

I certify that the information in this application is true and correct to the best of my knowledge and that I have not engaged in conduct set out in AS 08.70.155. I further certify that all credentials and supporting documents supplied by me are true and correct and that the photograph below is a true likeness of me taken within the past 60 days. I understand that any false information or falsification of documents may result in failure to obtain, or subsequent revocation of, a license to practice as a nursing home administrator in Alaska.



Sign Here

Signature of Applicant

Printed name of Applicant

(NOTARY SEAL)

SUBSCRIBED AND SWORN TO before me on _____ (date).

Notary Public, State of _____

Signature of Notary Public

My Commission Expires: _____

**NOTE: NOTARY PUBLIC
SEAL MUST OVERLIE A
PORTION OF THE
PHOTOGRAPH**



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NURSING HOME ADMINISTRATOR WORK EXPERIENCE VERIFICATION

PART I

Instructions to Applicant: Type or print the information needed to complete Part I of this form. Forward the form to a current or former employer(s) who supervised you in the health care institution. The information requested below must be verified by the supervising employer. The blank form may be photocopied for additional requests. Upon completion of Part II, the employer must return the form directly to the State of Alaska.

I, _____, am applying for a license to practice as a Nursing Home Administrator in Alaska and authorize you to release information as required on this form.

Address _____
Mailing Address or P.O. Box City State ZIP Code

Employment Dates _____ Date of Birth: _____

Signature _____ Date Signed: _____

PLEASE DO NOT DETACH

PART II

Instructions to Employer: Please provide the information requested below and return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page. The verification is not to be returned to the applicant.

Employee's position: _____

Dates you supervised employee: _____

Location where you supervised employee: _____

Your rating of employee's ability: _____

The applicant's experience must be in institutional management in a health care facility and include general administration techniques; fiscal, personnel, and physical facility management; client care issues; federal and state regulations; and public relations.

Please provide details regarding the employee's:

- Responsibilities
Number of employees the applicant supervised
Size of the budget the applicant administered
Financial experience
Documentation of a minimum of 12 months (months = at least 40 hours of service during a month) of experience under the supervision of a health care facility administrator (per 12 AAC 46.010).

Three horizontal lines for providing details regarding the employee's experience.



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ADMINISTRATOR IN TRAINING (AIT) PROGRAM PROPOSAL FORM

An applicant for a nursing home administrator license may meet the training and experience requirements of 12 AAC 46.010 by satisfactorily completing an Administrator-In-Training (AIT) program that meets the following requirements:

- (1) be conducted under the guidance and supervision of a preceptor who meets the requirements of 12 AAC 46.051;
(2) require completion of all the activities and forms provided in the NAB Five-Step Program Administrator in Training Internship Manual (1997 Edition);*
(3) be a minimum of six months in duration; and
(4) be completed within two years of the date that the AIT program proposal is submitted to the department.

Before beginning an AIT program, the following must be completed and submitted to the division:

I, _____, certify that I will supervise the training activities
print preceptor's name

and completion of forms provided in the NAB Five-Step Program Administrator in Training Internship Manual (1997 ed.), of

_____ in not less than six months nor more than two years
applicant's name

from the date the AIT Program Proposal is submitted to the Division of Corporations, Business and Professional Licensing.

I currently hold license # _____ state of licensure _____ expiration date: _____

and I am currently employed in the administrative position of _____,

at _____, the nursing home where the AIT is completing training

activities. I agree to fulfill the duties and responsibilities of preceptor as outlined in the "Five-Step Program," including weekly supervisory conferences with the AIT to monitor the AIT's education and training activities.

The anticipated dates of completion of each AIT activity: _____

Applicant's Signature

Preceptor's Signature

Date

Date

* / The National Association of Boards of Examiners of Long Term Care Administrators (NAB) manual may be ordered by postal mail or on-line. NAB is located at 1444 I Street, NW #700, Washington, DC 20005-2210, or on the web at www.nabweb.org. Click on "Publications" for manual ordering information.



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ADMINISTRATOR IN TRAINING (AIT) VERIFICATION FORM

PART I

Applicant's Section: Type or print the information needed to complete Part I of this form. Forward the form to your preceptor for completion of Part II. Upon completion of Part II, the preceptor must return the form directly to the Division of Corporations, Business and Professional Licensing.

Name Last First Middle Maiden/Other

Mailing Address City State ZIP Code

Date of Birth

Signature Date

PLEASE DO NOT DETACH

PART II

Preceptor's Section: Please complete Part II of this form and return it directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page. The verification is not to be returned to the applicant.

I, print preceptor's name, certify that I have supervised the training activities and completion of forms

in the NAB Five-Step Program Administrator in Training Internship Manual (1997 ed.), of applicant's name

Training activities were conducted at name of nursing home

beginning on and ending (a period of not less than

six months nor more than two years from the date the AIT Program Proposal was submitted to the Alaska Division of Corporations, Business and Professional Licensing), and included weekly supervisory conferences with the AIT to monitor the AIT's education, and completion of all training activities and forms provided in the "Five-Step Program."

Preceptor's Signature

Date



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AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, _____

residing at _____

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as a nursing home administrator. This authorization expires one year from the date of my signature below.

Signature: _____

Date: _____

Home Telephone: _____

Work Telephone: _____