



2829 University Avenue SE, Suite 404
Minneapolis, MN 55414-3230
Phone: (651) 201-2730 Fax: (651) 201-2763
Hearing/Speech Relay: (800) 627-3529
E-mail: benha@state.mn.us
Web site: www.benha.state.mn.us

Application for Minnesota Licensure as a Nursing Home Administrator

Data collection and dissemination information

(Rights of subjects of data under Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2.)

Information submitted on this application will be used by the Board of Examiners for Nursing Home Administrators (BENHA) to determine your qualifications for licensure under Minnesota Statutes, section 144A.20. Although you may refuse to supply the information requested, failure to provide it will result in denial of licensure. All application data you provide will become part of your permanent file. Except for your Social Security Number, all information in your permanent file becomes public data when licensure is granted. Until you become licensed or if licensure is denied you, the information in the application (except your name and designated address, which are public), is private data, accessible only to you, BENHA and its agents, and agents of the Attorney General's Office who represent BENHA. In accordance with statutes and rules, application information may in some circumstances be disclosed to certain other persons or entities, including the Office of Administrative Hearings and any reviewing courts. Social Security Numbers, while private under Minnesota Statutes, must be reported by BENHA to the Federal Healthcare Integrity & Protection Data Bank if adverse action is taken against your application or license.

You must submit accurate information. Falsification or omission of information may constitute grounds for revocation or denial of a license.

The application is valid for eighteen months from the date received at BENHA. If you do not achieve licensure within those eighteen months, you must reapply by submitting another application and fee.

Checklist for Applicants

- All candidates must complete Application, pages 2-4
- Request Official Transcript (s) showing minimum of BA/BS
- Current Resume –Work History
- Academic Course – Practicum Requirements
- Complete one of the following Licensure Tracks:
 - OPTION A: New Graduate from Minnesota or NAB LNHA program with examinations
 - OPTION B: Applicant with experience/course waivers, with examinations
 - OPTION C: Endorsement: LNHA/Administrator of Record in two of previous five years
 - OPTION D: ACHCA Certification
- Check: \$150.00 payable to BENHA (\$100.00 if \$50.00 course review fee was paid within past year)
- If currently or previously licensed in another state(s), send a License Verification Request to each jurisdiction (contact each state board regarding any applicable fee).



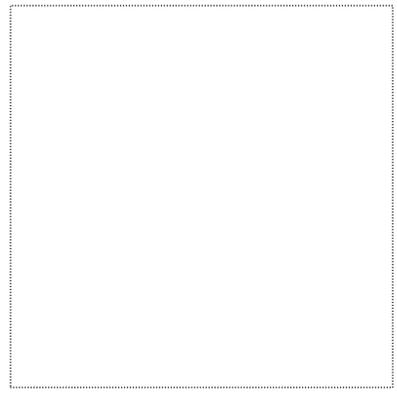
Application for Minnesota Licensure as a Nursing Home Administrator

ID # _____
(To be assigned by BENHA)

Paid application is valid for 18 months from receipt by BENHA.

In accordance with the requirements of the Nursing Home Administrators Licensing Law, Minnesota Statutes section 144A.18 - 144A.29, I hereby make application for review of my education and experience to meet board requirements to become a licensed nursing home administrator in Minnesota.

PHOTO requirement: You may provide a recent passport type photo of yourself (2x2 to 2.5x3.25 wallet) to be included in your licensure application or a picture will be taken by BENHA staff before you sit for the state examination.



1. Name _____
(Last) (First) (MI) (Previous name)

2. Date of Birth _____ Sex _____

3. Contact Address _____
(Street)

(City) (State & Zip Code)

Contact Phone (____) _____ cell

This is your designated contact address and phone number for data practices purposes.

4. Day Phone (____) _____ cell

Evening Phone (____) _____ E-Mail _____

5. Social Security Number _____ - _____ - _____ Driver's License: State _____ Lic# _____

6. Educational Achievement: List highest level of education on top line followed by all post-secondary education attended with degree if applicable. A Bachelor's degree is required as a Minnesota minimum requirement.

You must have school(s) send, directly to the board office, an unopened official college transcript(s) showing award of your bachelor's or higher degrees and grades for any courses submitted in partial fulfillment of board requirements.

For each degree (LTC courses, if different) list the following information:

Degree	Name of School	City & State	Date Completed (mm/dd/yy)	Major/Minor Subjects
Practicum School # of Hours:	LTC Facility:			Preceptor Name, State:

FOR OFFICE USE ONLY

Application fee: \$150.00 Check # _____ RSRC: 640100 Date: _____ Deposit #: _____

OR Education Review \$50.00 fee previously paid on (date): _____

Balance of Application within 1 year: \$100.00 RSRC: 640113 Date: _____ Deposit #: _____

Minnesota Requirements for Licensure include these five items:

- **Bachelor's Degree,**
- **Eight specific core knowledge courses related to long term care administration,**
- **Minimum 400 hour practicum,**
- **State examination, and**
- **National examination (NAB)**

Please indicate/mark the option you expect will meet your academic and practicum requirements:

To meet the requirements listed above, candidates must provide satisfactory evidence of **ONE** of the following four available options for licensure. Applicants may submit documents as achieved, or as a completed packet. Details for each option are listed separately.

- **New Graduate from a Minnesota/NAB LNHA approved program with examinations (OPTION A)**

This option is typically for new graduates recently awarded a bachelor's degree which meets the course requirements from a NAB or Minnesota accredited college. Those colleges are listed on the Option A addendum with the approved course listed for each requirement. Graduates from the list of approved college LTC Administration programs meet the academic and practicum requirement.

 1. Request an official transcript upon completion. If you are applying prior to the end of your academic experience, the board will accept a student transcript or unofficial confirmation from the program advisor.
 2. *Upon receipt of the application, information to sit for the state and national examinations will be provided to you.*
- **Experience/course waivers/course completion with examinations (OPTION B)**

This option is typically for an individual with a bachelor's degree in an ancillary field who requires only a portion of the Minnesota required courses or a reduction in practicum hours. Courses not currently approved must be reviewed and approved by the board through the Course Review process as found in Option B.

 1. Submit official transcript showing at minimum a Bachelors' Degree.
 2. Submit evidence/requests for eight academic courses completed using the forms in Option B.
 3. Submit evidence of required practicum using forms found in Option B.
 4. *Upon receipt of the application, information to sit for the state and national examinations will be provided to you.*
- **Endorsement/reciprocity and waiver of academic and practicum requirements (OPTION C)**

This option is typically for candidates transferring from another state who can demonstrate they have actively and effectively served full time for a minimum of two continuous years within the immediate past five years as a licensed nursing home administrator.

 1. Submit Option C required documentation as listed below.
 - i. Facility name, location, services offered with dates of employment
 - ii. Documentation from each facility showing clear evidence of administrative dates and role
 - iii. Copies of the two most recent CMS 2567s or surveys of the facilities outlined in Option C
 - iv. License verification from each state applicant has held licensure sent directly to the board office.
 - v. License verification, including NAB scores from original state of licensure (or from PES).
 2. *Upon receipt of the application, information to sit for the state examination will be provided to you.*
- **ACHCA Certification: (OPTION D)**
 1. Request ACHCA verification be provided directly by the American College of Health Care Administrators.
 2. *Upon receipt of the application, information to sit for the state examination will be provided.*

You must respond to EACH question and have this page notarized.

7. Other licensure/applications: (complete &/or circle correct response)

7a. Have you previously applied for or been issued a license as an LNHA in Minnesota ? If yes, give date of licensure/application _____ and your license or ID # _____	No	Yes
7b. Are you now, or have you ever been, licensed as an LNHA in any other state ? If yes, list the state(s), dates of licensure and your license number(s) _____ Follow the instructions on the last page of this application to obtain verification of licensure from the licensure board of the other state(s).	No	Yes
7c. Have you ever been denied a license or other credential to practice a health-related occupation, been suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as a health professional, or has your practice been conditioned, restricted, or remediated in any way (including being a party to a corrective action agreement, a stipulation to an informal disposition, or other administrative action)? If yes, attach a statement indicating reason for action, dates, disposition and address of licensing authority in possession of record(s).	No	Yes
7d. To your knowledge, are you currently the subject of any formal or informal legal, administrative, or disciplinary proceedings or investigations by any court or regulatory entity concerning your practice as a health professional? If yes, attach a description.	No	Yes

8. Ability to practice: (complete &/or circle correct response)

8a. Have you been convicted of a felony or gross misdemeanor in the last 5 years?	No	Yes
8b. In the last 5 years, have you been diagnosed or assessed as having misused or abused alcohol, other drugs or chemicals, or been diagnosed as chemically dependent? If yes, attach a description. Also, if yes: Describe any steps you have taken to discontinue or reduce such use and describe any supervised rehabilitation, assistance, or monitoring program in which you have/are participating.	No	Yes
8c. Within the past 5 years, have you been advised by a treating professional that you have a mental, physical, or emotional condition which, if untreated, would be likely to impair your ability to practice nursing home administration with reasonable effectiveness and safety for facility residents and staff? If yes to 10c, are the limitations reduced because you restrict your practice in some way, or because you receive ongoing treatment (with or without medications), or because you participate in a monitoring program? If yes, please describe.	No	Yes
8d. Are you able to perform the duties of a nursing home administrator with or without accommodation? If the answer is no, attach a separate sheet of explanation.	No	Yes

NOTARIZED AUTHORIZATION AND AFFIDAVIT OF APPLICANT

In connection with this application for licensure, I authorize the MN-BENHA and any agent acting on its behalf to conduct an inquiry into any information contained in this application and I hereby release the board and any agent acting on its behalf from any and all liability of any nature for requesting such information from any person. Further, I, being first duly sworn, state that I am the person making this application, that the information provided on and with this application is true and complete and that should investigation by MN-BENHA or its agents disclose any misrepresentation or falsification, it may be cause for denial of licensure to me or revocation of any license I obtain as a nursing home administrator in Minnesota.

I acknowledge that I have read and understand the information above.

Applicant sign here (in presence of notary)

Subscribed and sworn to before me this _____ day of _____, _____.
(day) (mo) (yr)

Notary stamp:

Notary public signature

County of _____ State of _____

My commission expires on _____

OPTION C – ENDORSEMENT REQUIREMENTS FOR MINNESOTA LNHA LICENSURE

OPTION C – Waiver of all academic and practicum requirements (endorsement or reciprocity)

General Definition for:

Applicant may submit satisfactory evidence of having actively and effectively served full time for a minimum of two continuous years within the immediate past five years as the licensed nursing home administrator and chief executive officer of one or more nursing facilities in a single jurisdiction (state) regulated by the licensing board of that jurisdiction. The applicant must also possess a minimum of a BA/BS degree.

Complete the following steps:

- Candidates, who qualify under the above provision, shall submit a letter requesting a waiver for Option C and include as a minimum the following for each community/facility to clearly demonstrate the waiver requirement listed in Option C.

FACILITY NAME:	
SERVICES OFFERED AND LICENSED AS:	
FACILITY LOCATION (city and state):	# of beds/units served:
DATES OF YOUR FULL-TIME EMPLOYMENT AS LICENSED NHA & CEO FOR THE FACILITY: FROM mo _____ /day _____ /yr _____ TO mo _____ /day _____ /yr _____	

2. In addition, submit the following attachments for each facility identified in the waiver request:

- Your position description
- An organization chart showing your position in relation to others above, below, and equal to it in the organizational hierarchy
- A letter on official stationery of the facility, dated and signed by an officer of the governing board (or the administrative head of the facility or management company or by your supervisor or an official of the agency's human resources unit) verifying your employment. The letter must certify your dates of employment with the facility and the title(s) of any position(s) you held with the facility.
- Copies of the two most recent inspections/surveys of the facility where you were most recently LNHA and Administrator of Record.

Other General Information required of all applicants:

- Resume showing employment history since college graduation
- License verification in each state applicant has held licensure sent directly to the board office.
- Completion of the Minnesota state examination: *exam information will be sent to the candidate upon staff review of the application.*



2829 University Avenue SE, Suite 404
Minneapolis, MN 55414-3230
Phone: (651) 201-2730 Fax: (651) 201-2763
Hearing/Speech Relay: (800) 627-3529
E-mail: benha@state.mn.us
Web site: www.benha.state.mn.us

License Verification Request

Instructions to applicant:

1. Write your name (including any previous names) on line A and your phone number on line D.
2. Make as many copies of this form as states in which you are currently or have ever been licensed as a nursing home administrator.
3. On each copy, write at B the name of the state from which you seek license verification and at C your license number in that state.
4. Send each copy to the nursing home administrator licensure authority of the named state. Check with the state(s) regarding any fee you must remit for release of this information. Addresses, etc., for state boards are available at www.nabweb.org

Instructions to licensing authority:

The individual named below indicates that s/he is or has been licensed as a nursing home administrator in your state. Please verify this fact and provide the requested information on this form, with your seal attesting to its authenticity. Any fees for providing this information to Minn. BENHA must be charged to the applicant. Their phone and fax numbers are included so you can contact them about fees or questions in connection with this service. Please send the form and any attachments to the address at the top of this page—not to the applicant. Thank you for your time and assistance.

Randy Snyder, Executive Director, MN-BENHA

To: The State of (B) _____

Re: Name: (A) _____ (C) License # _____

(D) Phone: _____

The examination written by this individual was: NAB _____ PES _____ Exam series # _____

Date exam written _____ Results: Raw score _____ Scale score _____

Original date of this individual's licensure in your state: _____ License expiration date: _____

Has the person been continuously licensed in your state since the date of original licensure? Yes ___ No ___

Was the person licensed by reciprocity/endorsement? No ___ Yes ___ If yes, from the State of _____

Is this individual **currently** licensed in your state? No ___ Yes ___ If yes, is the license in good standing? Yes ___ No ___
If no, explain here, or as provided below, concerning disciplinary action:

To your knowledge, has this individual ever been subject to any **corrective action** or **disciplinary action** by your licensure board? No ___ Yes ___ If yes, please provide a copy of all public data related to the action and/or provide the following information on your board's letterhead imprinted with the seal of your board: 1) disciplinary action or corrective action taken, 2) reason for the disciplinary or corrective action, 3) date of disciplinary action, and 4) date disciplinary action was removed and/or licensee was granted an unconditional license.

Seal of jurisdiction:

Authorized signature: _____

Title: _____

Date: _____ Phone: _____