

Request for Academic Course and/or Experience Review **Nursing Home Administrator**

If you have not already applied for licensure and paid the \$182.00** application fee but want to have your previous education or experience reviewed to determine whether it meets all or some of the board's requirements for licensure, you must pay \$100.00* to obtain board review of your academic courses and experience. This \$100.00* fee will be applied toward your application fee for licensure, as long as the conversion application (sent after the review) and remaining \$82.00 fee are submitted within one year of your request for course and experience review. Pre-approved courses are listed on the board website.

The form for each course requirement you wish to have reviewed must be completed to help the board accurately review your education and experience. Read the instructions; submit the completed form(s) with your review fee (\$100) and this completed page to the Board office. Make check payable to BELTSS. You will be notified of the determination of the Board as soon as your information has been reviewed.

The Board's determination and updates regarding the review of your submitted materials will be sent to the email address provided below.

Name

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| Mailing Address | City | State | Zip |
|-----------------|------|-------|-----|

SSN: _____ DOB: _____

Daytime Phone

Email Address

*Education Review, \$100 fee – expires one year from fee payment

**Full Application, \$183.25 [\$83.25 if paid before active Ed Review expires], full app expires 18 months from fee payment

| | |
|--------------------------------|-----------------------|
| For office use only: | Date Rec'd: |
| Education Review Fee: \$100.00 | |
| Acct. Code: 640115 | |
| Check No. _____ | Deposit Number: _____ |
| AppExDate: / / | |



BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS

Instructions for Submission – Nursing Home Administrator

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Read the board rule for each requirement. Using the space provided in the following pages, identify which of your completed courses included instruction in the required topics and attach documentation to verify that coverage—the more complete and specific the better. Submit your materials to the Board office at the above address. Staff will send you written notice of the decision on your request and will enter approvals in your license application file.

- Include ONE transcript per request form for each school included in the request. Transcripts must be received sealed to be considered official.**

For each requirement request, Include:

- Evidence from the year the course was taken clearly showing how course(s) taken cover all topics specified in the Board rule.**

Acceptable forms of evidence include:

- course syllabus or outline, or**
- course description from college catalogue**

If your education was completed over 7 years ago, submit the following:

- continuing education within the past two years, or;**
- employment within the immediate past seven years requiring use of the knowledge gained in the course**

If you are requesting a **reduction or waiver of practicum**, submit all of the following:

- Resume (since college)**
- 1) Employment verification; 2) organizational chart; and 3) position description from your most recent employer**

It is important to know:

- Minimum requirements for all courses are covered in Minnesota Rules 6400.6400 to 6400.6660
- The review application is open for 12 months from the date received by our office – ***this form is not an application for licensure***
- When submitted, the application for licensure is open for 18 months (a year and a half)
- Upon receipt of the application for licensure, information to sit for the state and national examinations will be provided to you.



BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS

ACADEMIC COURSE
REVIEW REQUEST 1

Decision A/D Date _____

Name _____

Phone () _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 1. Organizational management. An applicant must complete a course in organizational management covering the basic management functions of:

- A. planning and objective setting;
- B. organizing and delegating; and
- C. observing, monitoring, and evaluating outcomes, including customer satisfaction

Provide the following information about the course(s) you are submitting to meet the above requirement.

| Course No. | Title | Institution | Completion Date | No. Credits | Grade | Sem./Qtr |
|------------|-------|-------------|-----------------|-------------|-------|----------|
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*Instructions for submission are located on page 2.

- I have attached a course syllabus or outline** for the year the course was taken to verify the above course content is in alignment with State Rule 6400.6550.

If any courses you are presenting were completed **more than seven years ago see instructions on page 2.**



BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS

ACADEMIC COURSE
REVIEW REQUEST 2

Decision A/D Date _____

Name _____

Phone () _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 2. Health Care Accounting. An applicant must complete a course in managerial accounting, beyond introductory accounting, covering:

- A. budgeting and fiscal resource allocation; and**
- B. interpreting financial information to monitor financial performance and position and to make managerial decisions**

| Course No. | Title | Institution | Completion Date | No. Credits | Grade | Sem./Qtr |
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*Instructions for submission are located on page 2.

- I have attached a course syllabus or outline for the year the course was taken to verify the above course content is in alignment with State Rule 6400.6550.**

If any courses you are presenting were completed **more than seven years ago see instructions on page 2.**



BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS

ACADEMIC COURSE
REVIEW REQUEST 3

Decision A/D Date _____

Name _____

Phone () _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 3. Gerontology. An applicant must complete a course in gerontology covering:

- A. the physical, social and psychological aspects of the aging process; and
- B. programs and services designed to meet the needs of the aged population.

| Course No. | Title | Institution | Completion Date | No. Credits | Grade | Sem./Qtr |
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*Instructions for submission are located on page 2.

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If any courses you are presenting were completed **more than seven years ago see instructions on page 2.**



**BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS**

**ACADEMIC COURSE
REVIEW REQUEST 4**

Decision A/D Date _____

Name _____

Phone () _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 4. Health care and medical needs. An applicant must complete a course in health care and medical needs of nursing facility residents covering:

- A. the anatomic and physiologic changes that are associated with the aging process;
- B. the impact and management of common syndromes associated with aging, including vision and hearing impairment, nutrition and malnutrition, and balance and mobility impairment;
- C. basic medical and pharmacological terminology;
- D. prevention and management of conditions such as pressure ulcers and delirium;
- E. common psychiatric and neurodegenerative disorders such as dementias (including Alzheimer's), depression, anxiety, psychotic disorders, and alcohol and drug abuse;
- F. advance care planning and the role of palliative care and end-of-life care; and
- G. emerging medical trends and technology used in the long-term care setting.

Provide the following information about the course(s) you are submitting to meet the above requirement.

| Course No. | Title | Institution | Completion Date | No. Credits | Grade | Sem./Qtr |
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***Instructions for submission are located on page 2.**

- I have attached a course syllabus or outline** for the year the course was taken to verify the above course content is in alignment with State Rule 6400.6550.

If any courses you are presenting were completed **more than seven years ago see instructions on page 2.**



**BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS**

**ACADEMIC COURSE
REVIEW REQUEST 5**

Decision A/D Date _____

Name _____

Phone () _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 5. Long-term care supports and services. An applicant must complete a course in the organization, operations, functions, services, and programs of long-term care supports and services covering:

- A. governing and oversight bodies and their relationship to the administrator;
- B. administrative responsibilities and structures;
- C. operations and functions of each facility department;
- D. functions and roles of professional and nonprofessional staff and consulting personnel; and
- E. issues of cultural diversity and human relationships between and among employees and residents of nursing facilities and their family members.

Provide the following information about the course(s) you are submitting to meet the above requirement.

| Course No. | Title | Institution | Completion Date | No. Credits | Grade | Sem./Qtr |
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***Instructions for submission are located on page 2.**

- I have attached a course syllabus or outline** for the year the course was taken to verify the above course content is in alignment with State Rule 6400.6550.

If any courses you are presenting were completed **more than seven years ago see instructions on page 2.**



**BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS**

**ACADEMIC COURSE
REVIEW REQUEST 6**

Decision A/D Date _____

Name _____

Phone () _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 6. Human Resources. An applicant must complete a course in human resource management covering:

- A. staffing;**
- B. equal employment opportunity, affirmative action and workforce diversity;**
- C. compensation and benefits;**
- D. coaching and performance management;**
- E. training and development;**
- F. labor relations, including union contract negotiation and administration; and**
- G. employment law.**

| Course No. | Title | Institution | Completion Date | No. Credits | Grade | Sem./Qtr |
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***Instructions for submission are located on page 2.**

- I have attached a course syllabus or outline** for the year the course was taken to verify the above course content is in alignment with State Rule 6400.6550.

If any courses you are presenting were completed **more than seven years ago** see instructions on page 2.



**BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS**

**ACADEMIC COURSE
REVIEW REQUEST 7**

Decision A/D Date _____

Name _____

Phone () _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 7. **Regulatory management. An applicant must complete a course in regulatory management covering the legal, regulatory, and funding provisions and requirements governing operations of long-term care supports and services and health care programs including:**

- A. resident rights, resident choice, resident risk, and protection from maltreatment;
- B. professional and biomedical ethics, including advance directives;
- C. guardianship and conservatorship;
- D. liability, negligence, and malpractice;
- E. data confidentiality, privacy, and practices;
- F. professional licensing, certification, and reporting for staff and consulting personnel;
- G. health and safety codes, including OSHA and the National Life Safety Code;
- H. Medicare and Medicaid, standards for managed care and subacute care, and third-party payer requirements and reimbursement;
- I. federal and state nursing home survey and compliance regulations and processes;
- J. requirements affecting the quality of care and life of residents, including measurement of outcomes from clinical and resident-satisfaction perspectives;
- K. resident acuity and assessment methodology;
- L. quality assessment and assurance; and
- M. customer choice.

| Course No. | Title | Institution | Completion Date | No. Credits | Grade | Sem./Qtr |
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***Instructions for submission are located on page 2.**

- I have attached a course syllabus or outline** for the year the course was taken to verify the above course content is in alignment with State Rule 6400.6550.

If any courses you are presenting were completed **more than seven years ago see instructions on page 2.**



**BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS**

**ACADEMIC COURSE
REVIEW REQUEST 8**

Decision A/D Date _____

Name _____

Phone () _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 8. Quality measurement and performance improvement. An applicant must complete a course in the accumulation and analysis of data to inform management decision making including:

- A. strategic uses of data and information;
- B. data accumulation, storage, integration from multiple sources, manipulation, and presentation;
- C. needs assessment and analysis methodologies;
- D. measures, analysis, and assessment of outcomes, including customer satisfaction and quality improvement;
- E. utilizing quality measurement and performance improvement tools and methodologies; and
- F. problem-solving skills.

Provide the following information about the course(s) you are submitting to meet the above requirement.

| Course No. | Title | Institution | Completion Date | No. Credits | Grade | Sem./Qtr |
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***Instructions for submission are located on page 2.**

- I have attached a course syllabus or outline** for the year the course was taken to verify the above course content is in alignment with State Rule 6400.6550.

If any courses you are presenting were completed **more than seven years ago see instructions on page 2.**



BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS

ACADEMIC COURSE
REVIEW REQUEST - Practicum

Decision A/D Date _____

Name _____

Phone () _____

COURSE REVIEW REQUEST FOR PRACTICUM

Applicants wanting to obtain board approval of a practicum experience to be arranged through or already completed at an educational institution other than those pre-approved by the board, should consult the Executive Director of BELTSS. The applicant should use this form as a cover sheet to present the practicum plan for review and approval.

| Course No. | Title | Completion Date | No. Credits | Grade |
|------------|-------|-----------------|-------------|-------|
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Participating Academic Institution _____

Name, title and area of specialty of supervising faculty member _____

Name and address of participating long-term health care facility _____

Name of supervising licensed nursing home administrator _____

License No. and state where supervising administration is licensed _____

Length of time spent at nursing facility in hours _____ Attach

practicum plan clearly showing how practicum covers all topics specified in the Board rule, which must include:

- A. a rotation through the departments of the nursing facility, and including time at the facility during all work shifts
- B. participation in or review of the findings of regulatory inspections of the facility
- C. observation of the integrative and administrative role of the administrator
- D. observation of the relationships between the facility and the community and other providers in the continuum of health care
- E. participation in an in-service education session
- F. completion of a major project, study or research effort to improve operations at the facility or provide information for a major decision facing the facility.

Provide copy of project or research paper or identify topic selected for project: _____

If any courses you are presenting were completed **more than seven years ago**, you must also **attach** either:

- evidence that you have been **employed within the immediate past seven years** in activities requiring use of the knowledge gained in the course, or
- evidence that you have **completed continuing education within the past two years** to renew and update knowledge gained in the course



BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS

ACADEMIC COURSE
REVIEW REQUEST - Practicum

PRACTICUM WAIVER REQUEST OPTIONS FOR MINNESOTA NHA LICENSURE

General Definition: Each applicant must complete a 1000 hour practicum unless presenting evidence to the board that the applicant has experience as described below for a reduction in the number of practicum hours. The current national practicum average is 1000 hours so every hour is vital to your core knowledge to be a successful entry level administrator. The board shall determine the minimum number of hours of practicum to be completed by an applicant by comparing the applicant's experience to the requirements listed below. The amount of experience required to qualify for a practicum reduction under items C, D, and E shall be measured in full-time equivalency at the rate of 35 hours per week.

The minimum number of hours to be spent by each individual in the practicum experience shall vary according to the following schedule:

- A. **750 hours** for an individual with two or more years of managerial or administrative employment experience, including supervision of at least 25 employees and responsibility for an annual budget of at least \$1,000,000;
- B. **750 hours** for an individual who has two or more years of employment in a hospital or nursing facility in any professional capacity or in any direct patient care capacity;
- C. **500 hours** for an individual who has served two or more years as a department manager with supervisory and budgetary responsibility and meets one or more of the following criteria:
 - (1) the individual does not meet the requirements for assistant administrator under item D or the definition in part [6400.5100](#), but has otherwise held that title in a nursing facility or hospital and has performed under the title for two or more years;
 - (2) the individual has served, for two or more years, as director of nurses in a hospital or registered housing with services establishment that has an arranged comprehensive home care license; or
 - (3) the individual has served as a housing manager in a registered housing with services establishment that has an arranged comprehensive home care license;
- D. **200 hours** for an individual who has served one or more years as a full-time hospital administrator or hospital assistant administrator with responsibility for both resident care and administrative functions, or who has served two or more years as a full-time director of nurses in a nursing facility; or
- E. the documented experience requirement is **waived** for an individual who has one year of continuous full-time employment as the assistant administrator, chief executive officer, or equivalent role with responsibility for both resident care and administrative functions. Time working as an acting administrator under an acting license or permit in the same nursing facility where the individual also served as the assistant administrator, chief executive officer, or equivalent role meets this requirement if the individual's employment under both titles combined was one continuous year.
- F. **1000 hours** for an individual with none of the experience specified in items A to E.



BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS

ACADEMIC COURSE
REVIEW REQUEST - Practicum

PRACTICUM WAIVER REQUEST OPTIONS FOR MINNESOTA LNHA LICENSURE

Waiver or reduction in hours for practicum

If you think you qualify for a reduced number of hours of practicum, complete and submit the information requested. Board office staff will notify you of the board’s decision concerning the length of practicum you must complete for licensure.

Under which provision of the quoted board rule do you think you qualify for reduced hours? (Circle all that you believe apply to your situation)

A* B* C C(1) C(2) C(3) D E

Provide employment information to support your request on the next page. If necessary, attach additional sheets in the same format to show all experience relevant to practicum hour reduction provisions.

*If you claim waiver under provision A, B, or C (except as a DON), attach a position description and an organization chart showing your position in relation to others above, below, and equal to your job in the organizational hierarchy. If you claim waiver as an assistant administrator, you must also submit evidence that your experience included all activities typically covered in a practicum. Obtain the “Ass’t Administrator – Practicum Questions” form to document your experience. It is posted on pages under the Applicants tab.

- For each facility where you performed duties related to experience for practicum reduction, attach or have provided separately, a letter on official stationery of the facility, dated and signed by your supervisor or an official of the agency’s human resources unit, verifying your employment. The letter must include: 1) your dates of employment with the facility/agency, 2) the title(s) of any position(s) you held with the facility, and 3) the number of persons supervised and size of budget, if applicable.



BOARD OF EXECUTIVES FOR
LONG TERM SERVICES AND SUPPORTS

ACADEMIC COURSE
REVIEW REQUEST - Practicum

PRACTICUM WAIVER REQUIREMENTS FOR MINNESOTA NHA LICENSURE

Please provide the following information to support your request for practicum waiver.

| | |
|---|-----------------------------------|
| 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 _____ | |
| YOUR TITLE and DUTIES | |
| ANNUAL BUDGET YOU WERE RESPONSIBLE FOR | # OF WORK HOURS IN WEEK |
| DEPARTMENTS YOU SUPERVISED OR MANAGED | DEPARTMENTS YOU CONTROLLED BUDGET |

Submit the following to document the request for practicum reduction:

1. If you claim waiver under provision A, B, or C (except as a DON),
 - a. include a position description,
 - b. include an organization chart showing your position in relation to others above, below, and equal to your job in the organizational hierarchy.
 - c. If you claim waiver as an assistant administer, you must also submit evidence that your experience included all activities typically covered in a practicum. Contact the board office to obtain a form to document your experience.
2. For each facility identified above related to experience for practicum reduction, submit or provide separately, a letter on official stationery of the facility, dated and signed by your supervisor/administrator or an official of the agency's human resources unit, verifying your employment. The letter must include essential information as listed above.