

Application for ACTING ADMINISTRATOR PERMIT

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 Executives for Long Term Services and Supports (BELTSS) to determine your qualifications for a permit as an acting administrator under Minnesota Rules 6400.6770. Although you may refuse to supply the information requested, failure to provide it will result in denial of the permit. 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 the permit is granted. Until you obtain a permit or if a permit is denied you, the information in the application (except your name and designated address, which are public), is private data, accessible only to you, BELTSS and its agents, and agents of the Attorney General’s Office who represent BELTSS. In accordance with statutes and rules, application information may in some circumstances be disclosed to certain other persons or entities, including the Office of Administration Hearings and any reviewing courts.

I, (name) _____, hereby make application for a permit to serve the Minnesota nursing facility identified below as its Acting Nursing Home Administrator for the period:

From: _____ to: _____
 (Latter cannot be more than six months from termination of previous licensed administrator serving the facility.)

Provisions of law and rules pertaining to acting administrator permits:

An acting administrator permit can only be issued in connection with a vacancy at a specific Minnesota skilled nursing facility and applies only to service at the facility for which it is granted. It cannot be transferred to any other person nor be used by the person to which it is granted to perform duties at any nursing facility other than the one for which it is granted. An acting permit can only be issued for a maximum period of six months from the date of termination of the former licensed nursing home administrator serving the facility and cannot be renewed for service beyond six months from the date of termination of the previous licensed administrator. An applicant must meet the following requirements to be eligible to secure an acting administrator’s permit:

- a. have graduated from high school or hold a GED or have completed an associate or higher degree from an accredited postsecondary institution;
- b. be at least 21 years of age;
- c. have experience in the management of a nursing home or related facility or program OR have completed at least four of the following eight courses required for licensure as a nursing home administrator:
 1) organizational management, 2) managerial accounting, 3) gerontology, 4) health care and medical needs, 5) nursing facility services; 6) human resources, 7) regulatory management, 8) information uses; &
- d. pass the state exam (a 34-item, multiple choice, open-book test) on Minnesota statutes and rules concerning operation of a nursing home. This must be done at the Board office within 30 days of the termination of the previous licensed administrator and requires an exam application fee of \$100.
- e. complete and submit this application, including the Information to Verify Request for an Acting Administrator Permit form signed by a board member/owner/appointing authority of the facility to be served, and a check made out to BELTSS for the required \$350 nonrefundable fee.

An acting permit bears no relationship to full licensure. It cannot be converted to a full license. The latter requires a separate application and separate fee. Only the score on the State exam may be applied toward full licensure provided the latter is obtained within two years of successful completion of the exam.

<u>BELTSS use only:</u>		Date: _____	Deposit #: _____
Acct. Code: 640103	640101		
Amount: \$250.00	\$100.00	Check #: _____	

Please complete all requested information:

Applicant information:

Last name		First name		Middle Name
Mailing address				
City	State	9 Digit Zip Code		Date of Birth
Social Security Number	() -	Phone	Email	

Organization information:

Facility name		
Facility mailing address		
City	State	9-digit zip code
() -	() -	
Facility phone	Facility fax	

Communities in transition require continuity and experience so elders receive optimal services. Provided authority in Minnesota Statutes; 144A.23-24; the board has the 'exclusive authority or determine the qualifications, skill and fitness required' of any administrator and knowingly issues this permit acknowledging that some decisions the acting permit holder encounters may require advanced knowledge and skills of a licensed nursing home administrator (LNHA). The Board issues this permit upon the identification of a LNHA to serve as a mentor during this acting permit period to time. The Acting Permit holder assumes all responsibilities of the Administrator of Record. The LNHA-Mentor is best utilized as an advisor (paid or unpaid) and is available upon request.

Name of LNHA- Mentor	License #
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APPLICANT QUALIFICATIONS:

Educational achievement: Check any/all that apply:

_____ High School graduation—List name and town of school and date of graduation

_____ GED — give date awarded _____

_____ Associate degree — List name of institution and date degree awarded

_____ Bachelor's or higher degree(s) — List degree type (BA, BS, MS, etc.), major, name of institution, & dates degrees were awarded:

Applicants need to have either employment experience in the management of a nursing home OR have completed at least 4 of the 8 academic courses required for licensure to qualify for an acting administrator permit. Thus, if you have management level employment experience in a nursing home, you need not provide information about academic courses and vice versa.

Employment

List below any experience you have had in the management of a nursing home or related facility or program:

Employer/facility name _____ Location (Town and state) _____

Facility type (nursing home, assisted living, home health agency, etc.) _____ No. beds/units _____

Your title and general duties _____

Dates of employment: From _____ to _____
month/year month/year

Employer/facility name _____ Location (Town and state) _____

Facility type (nursing home, assisted living, home health agency, etc.) _____ No. beds/units _____

Your title and general duties _____

Dates of employment: From _____ to _____
month/year month/year

Academic courses

List below courses you have taken which you feel may meet the boards requirements in the following subjects. For any courses you have completed to meet these requirements provide copies of transcripts showing grades for completion of the courses and if necessary be prepared to supply documentation showing the content of the courses you completed. Attach additional sheets if necessary

Requirement	Course Title	Institution where taken	Course #	Date	Grade
1. Organizational Management					
2. Healthcare Accounting					
3. Gerontology					
4. Health Care and Medical Needs of LTC Residents					
5. LTC Supports and Services					
6. Human Resources					
7. Regulatory Management					
8. Quality Measurement and Performance Improvement					

Other licensure/applications:

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 <input type="checkbox"/>	Yes <input type="checkbox"/>
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 <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes to 2, did you list all state(s), dates of licensure and license number of all other professional health licensees?		
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)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Ability to practice:

Have you been convicted of a felony or gross misdemeanor in the last 5 years?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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, mail a description and 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 <input type="checkbox"/>	Yes <input type="checkbox"/>
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, 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 <input type="checkbox"/>	Yes <input type="checkbox"/>
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 <input type="checkbox"/>	Yes <input type="checkbox"/>

VERIFICATION AND AUTHORIZATION OF APPLICANT

In making this application, I agree that I will abide by the Laws of the State of Minnesota and the Rules of the Board of Executives for Long Term Services and Supports. In connection with this application for a permit as an acting administrator, ***I authorize the MN-BELTSS 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 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-BELTSS or its agents disclose any misrepresentation or falsification, it may be cause for denial of permit or licensure to me or revocation of any permit or license I obtain as a nursing home administrator or acting administrator in Minnesota.

My signature below indicates that I have read and understand the information above and throughout this application, including the information on page 1 regarding provisions of law and rules concerning nursing home administrator permits.

Signature

Date

**INFORMATION TO VERIFY REQUEST FOR
 AN ACTING ADMINISTRATOR PERMIT**

This form is to be completed by a board member/owner/appointing authority of the facility

An unexpected vacancy has occurred in the position of Administrator at the following facility:

 Name of facility

 Facility mailing address

 City State Zip code

 Name of previous licensed administrator Date of termination of previous LNHA

The Board of Directors/Owner/Appointing Authority of the above named facility, have tendered an offer of the position of acting administrator for the facility, with full responsibility and authority for the administration of the facility effective:

 Effective Date to _____
 End Date
 (End date cannot be more than six months from termination of previous licensed administrator serving the facility.)

to: _____
 Name of person offered position

I/we understand that this individual does not possess a Minnesota Nursing Home Administrator’s License, and is requesting a permit to serve as an acting administrator. The permit is valid for this facility only and for a **maximum period of six months** from the termination date of the previous licensed nursing home administrator. I further understand that this applicant must pass a written state examination concerning Minnesota law and rules regarding operation of a nursing home in Minnesota within 30 days of the termination of the previous licensed administrator in order to be eligible for a permit as an acting administrator.

Signed: _____ Date: _____
 Board Chair/Owner/Appointing Authority

Address: _____

Phone: _____ / _____ / _____