

MINNESOTA STATE NHA EXAM INFORMATION

APPLICANT STATE EXAM CHECKLIST:

- CHECK YOUR APPLICATION PORTAL:** Are you an ACTIVE Applicant YES: NO:
- PREREQUISITE WORK:** You must complete at least fifty percent of the NHA required classes.
- CHOOSE A PROCTOR:** A Proctor must be licensed as an LNHA or LHSE.
- TO REGISTER FOR THE EXAM:** The fee for the State Exam must be made payable to BELTSS. The exam fee is \$100 payable by check or money order. Mail the state exam application and fee to the BELTSS office.
- TIMEFRAME TO TEST:** You must take the exam within 14 days of receiving the "Authorization to Test" email, or you forfeit the exam fee and may be required to reapply with a new exam application and fee.
- INSTRUCTIONS WILL BE SENT TO PROCTOR:** A username and password with access instructions will be sent via email to the proctor. You will use this information to log in and complete your state exam online under the supervision of your chosen proctor.
- DAY OF THE EXAM:** Print and sign the Confidentiality and Attestation forms on the day of the exam. The confidentiality and attestation form is included in the 'authorization to test email'. You will email to BELTSS.HLB@state.
- COMPLETE THE EXAM:** Listen to instructions carefully before beginning the exam online. DO NOT hit the submit button until you are ready to have your exam scored.
- SCORE RELEASE IN PORTAL:** Your scores will be available on your account within 5 business days.
- NATIONAL EXAMINATIONS** (NAB Core and NHA), please refer to the original email you received after applying with instructions on how to register for the national exams. This is called 000-NAB-Candidate Instructions.

STATE EXAM APPLICATION PROCESS: (This exam application will be required each time you attempt the examination).

1. The state examination application should be submitted 21 days prior to reserving an exam test slot. The reserved test slot will be in the range of days 7-21 of your request. Candidates may sit for this exam remotely with oversight from another licensed individual or proctor, selected by the candidate, who verifies a secured test environment. See Proctor requirements below.
2. A pass rate of above 74% is required.
3. If you should fail, an exam application and fee will be required for each exam attempt. Send the exam application and fee when ready to retest.
4. After the 3rd unsuccessful attempt, a study plan may be required before a 4th attempt. This will be noted in the comment section or will have a HOLD FOR STUDY PLAN REVIEW.

FEE: \$100.00 PER EXAM (This fee will be required each time you attempt the examination).

FEE: \$100.00 PER EXAM

1. Submit the completed state exam application form with the fee to secure a reservation for the state examination. This must be completed via US MAIL only. If the application is complete and approved, you will receive an "Authorization to Test" email notification from BELTSS along with instructions for completing the exam. Examinations must be completed within a 14-day approved window from the date of receiving the Authorization to Test email. The link with supporting documents and the exam will be sent to the Proctor via email only. HSE and ALDIR Applicants have already paid the state exam fee.

Minnesota Approved Bibliography:

1. [MN Rules 6400.5000 – 6900, Licensing of Nursing Home Administrators](#)
2. [Minnesota Chapter 4658, Nursing Homes](#)
3. [Minnesota Statutes Ch. 144A MN Statutes 144A.001 – 144A.38](#)
4. [Minnesota Statutes Ch. 144:](#)
 - Clean Indoor Act – 144.411 – 144.417
 - Nursing Home Admission Contracts, Care of Residents 144.6501 – 144.6503
 - Electronic Monitoring 144.6502
 - Bill of Rights 144.651 – 144.652
5. [Minnesota Rules 4605.7030 Persons required to report disease](#)
6. [Minnesota Rules 4638.0200 Pet Animals in Healthcare Facilities](#)
7. [Minnesota Rules 6800.6100 to 6800.6800 Operations in Long-term Care Facilities](#)

ADA Exam Accommodations:

If you are a person with a disability, you have certain rights under the Americans with Disabilities Act ("ADA"). If you have any questions about your rights under the ADA, we encourage you to call the United States Department of Justice, which has an ADA Information Line at (202)514-0301 (voice) or (202)514-0381 (TDD). These telephone numbers are not toll-free numbers.

The ADA requires this agency to make "reasonable accommodation" for applicants with disabilities in giving this examination. If you are a person with disability that may affect your ability to take any portion of the examination, the ADA may require the agency to provide alternative examination arrangements. We are not required to do so if we are unaware of your need for alternatives. We ask that you inform us of any alternative arrangements you may require to take this examination. Please notify beltss.hlb@state.mn.us with any questions. If you are requesting accommodations. Please describe in detail using the form below:

- [ADA Test Accommodations](#)

NATIONAL EXAMINATION				
License Applicant Type:	NAB (CORE of Knowledge) 125 - Questions Duration: 2 hours 30 minutes	NAB (NHA LOS) 75 - Questions Duration: 1 hour 30 minutes	NAB (RC/AL LOS) 75 - Questions Duration: 1 hour 30 minutes	NAB (HCBS LOS) 75 - Questions Duration: 1 hour 30 minutes
HSE	X	X	X	X
NHA	X	X		
NHA and ALD	X	X	X	
ALD	X		X	
ALDIR	X		X	

* This exam is available only for Health Service Executive applicants or graduates from a MN NHA Approved Program Applicants (Graduate date of after January 1, 2022 are eligible for licensure as a NHA and ALD).

STATE EXAMINATION			
License Applicant Type:	HSE AND HYBRID NHA/ALD EXAM 50 - Questions Duration: 2 hours	NHA Exam 35 - Questions Duration: 1 hour 25 minutes	ALD Exam 35 - Questions Duration: 1 hour 25 minutes
HSE	X		
NHA		X	
NHA and ALD*	X		
ALD			X
ALDIR			X

Minnesota Applicant: To initiate complete the following page to pre-register for the state examination and mail to the board office. **Any** missing fields may result in a delay to testing.

Full Legal Name:

MN Applicant Number:

Application Type:

Date of Birth:

Last 4 Digits of Social Security:

Phone Number:

Email Address:

Proctor: Please complete:

Licensed Proctor Full Legal Name:

City & State:

Phone Number:

Email Address:

Currently Licensed as one of the following: LHSE or LNHA

License Number: