

LICENSE RENEWALS – STEP-BY-STEP GUIDE

STEP 1: Log in to your license portal. <https://nha.hlb.state.mn.us/#/Login>

If you are unable to log in, choose forgot username/password. If you have difficulty resetting your password, choose the BELTSS Account Technical Support Request Form.

m1 BOARD OF EXECUTIVES FOR LONG-TERM SERVICES AND SUPPORTS Log In

LOGIN

- All individuals must register for an account to submit an application to the Board. Please register via the ['Register to Access Site'](#) link below.
- If you have forgot your account information please utilize the "Forgot Username/Password" feature under the login button.
- If you can not utilize the "Forgot Username/Password" please fill out the [BELTSS Account Technical Support Request Form](#).

USERNAME
SteveJobe

PASSWORD

[Log In](#)

NAVIGATE

- [Register to Access Site](#)
- [Forgot Username/Password](#)
- [Search for a Licensee](#)

STEP 2: Click on “RENEW” to begin the license renewal for that license type. For those with shared licenses, you will have additional license cards for each facility you oversee. You must have a board-issued license for each facility. Begin the renewal for your License -Assisted Living Director (ALD) license first.

If you oversee multiple facilities and only have one license, you MUST apply for a shared license.

The screenshot displays a user interface for license management. It is divided into three main sections: GENERAL, LICENSE - NURSING HOME ADMIN (NHA), and LICENSE - ASSISTED LIVING DIRECTOR (ALD). The ALD section is highlighted with a red arrow pointing to the 'Renew' button under the 'NAVIGATE' menu.

Section	Item	Value
GENERAL	Choose from these options to access features not specific to your current records with our agency.	
	NAVIGATE	Apply for a License
		License Verification
		Search for a Licensee
LICENSE - NURSING HOME ADMIN (NHA)	NUMBER	[REDACTED]
	STATUS	Active
	ISSUED	07/11/2016
	EXPIRES	06/30/2025
	CE DUE	06/30/2025
	ADDRESS	335 Randolph Ave. St. Paul, MN 55102
NAVIGATE	Professional Profile	
	Continue Renewal	
LICENSE - ASSISTED LIVING DIRECTOR (ALD)	NUMBER	[REDACTED]
	STATUS	[REDACTED]
	ISSUED	05/13/2021
	EXPIRES	10/31/2024
	CE DUE	10/31/2024
	ADDRESS	335 Randolph Ave. St. Paul, MN 55102
NAVIGATE	Professional Profile	
	Renew	

Section	Item	Value
PROFILE (INDIVIDUAL)	NAME	[REDACTED]
	BIRTH	[REDACTED]
	PRIMARY #	[REDACTED]
	ADDRESS	335 Randolph Ave. St. Paul, MN 55102
	EMAIL	Steve.Job@state.mn.us

STEP 3: TENNESSEN WARNING

Read the Tennessee Warning carefully and acknowledge when complete. Click NEXT.

1 Tennessee Warning

The Minnesota Board of Executives for Long Term Services and Supports is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. § 13.01 et seq. Minn. Stat. § 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for renewal of your license as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to complete and return this renewal application, but failure to do so may result in the denial of this licensure renewal application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board.

If you refuse to supply the data requested, your licensure renewal application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) the data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities that have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

ACKNOWLEDGMENT

By checking here you agree to the above Tennessee warning

Next >

STEP 4: CONTACT INFORMATION

To modify your record, click on the blue pencil, and to add click on the blue plus sign.

Address/Phone Number - the primary telephone number and mailing address, may be the same as the public address/telephone number.

Email – Use an email that is checked frequently and is only used by one single user. BELTSS primary source of communication is email.

LICENSE RENEWAL-ALD

1 Tennessee Warning

2 Update Contact Information

You must provide one public, one mailing, one business address and one email address. These addresses may be different, or if you provide one address, it will be considered your public, mailing, and business address.

Public - can be seen and/or provided to the public upon a data request.

Mailing (US Postal) - is where your license certificate is mailed. Please assure accuracy using the authorized UPS known address.



Email Address - BELTSS primarily corresponds by email. Monitor your entered email address on file. The email should only be used by one user if a business email address is used. One public phone number is required.

PUBLIC EMAIL



Steve.Jobe@state.mn.us

WEBSITE

ADDRESSES

Location	Address	Public	Mailing	
Business	335 Randolph Ave. Ste 210-B St. Paul, MN 55102	✓	✓	 

PHONE NUMBERS

Type	Number	Public	Primary	
Business	(651) 201-2731	✓	✓	 

ACKNOWLEDGMENT

By checking here you agree you have reviewed the current contact information and is the most up to date.

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3 Continuing Education

4 Answer Practice Questions

5 Payment Fee Details

6 Review

STEP 5: EMPLOYMENT

Update your Director of Record for the facility you oversee. If you have multiple locations and a board issued license, those facilities will be listed here.

If you do not have a board-issued shared license, the system will not allow you to add Director of Record employment listings. You must apply for a shared license to add additional facilities.

Reminder: Any changes to Director of Record employment must be done within 5 working days.

Employment

Update the list below to reflect your current **Director/Administrator of Record** employment. If you are not responsible for the day to day operations as a Director/Administrator of Record, please do not list employment. For any facilities where you no longer work, enter the last day you worked there as an **end date**, otherwise leave the end date open. Reminder, you are required to update your employment Director/Administrator of Record within 5 working days per MN Rules 6400.

EMPLOYMENT



LICENSE	EMPLOYER	HFID	POSITION	START	END
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No entries. Click (+) to add.





Include Historic

[Cancel](#) [< Previous](#) [Next >](#)


STEP 6. CONTINUING EDUCATION


You must have met your required continuing education clock hours as indicated here before you renew your license. You attest you have completed these hours by checking the box below.


If you are missing CE clock hours, stop your renewal and refer to the continuing education on the website to learn ways to get more CE clock hours.

m BOARD OF EXECUTIVES FOR LONG-TERM SERVICES AND SUPPORTS     Stephen Jobe

LICENSE RENEWAL-ALD

1  Tennessee Warning

2  Update Contact Information

3  Continuing Education

CE Due Date 10/31/2024


CE Hours 30 hours of continuing education are required.


AFFIRMATION


The renewal system requires you to attest you have met the requirement for continuing education for the license renewal, and CE sessions have been pre-approved by BELTSS or NAB/NCERS or other activities accepted in Minn. Rules Chapter 6400. Guidance is provided on the website under continuing education and Gov Delivery newsletters sent to your self-entered board email address.

You may not renew your license until after you complete the required continuing education and attest that you have satisfied the requirement.

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4  Answer Practice Questions

5  Payment Fee Details

6  Review


ONLY SEND the CE Record Form and certificates of attendance if you are audited. DO NOT SEND TO BELTSS.


STEP 7. PRACTICE QUESTIONS


Answer practice questions truthfully and honestly. Provide details in the box, if prompted to do so. The more information provided may allow BELTSS staff to resolve the concern without contacting you for more information. READ CAREFULLY.

LICENSE RENEWAL-ALD

 Tennessee Warning


 Update Contact Information


 Continuing Education

4  Answer Practice Questions

1. Since your last renewal have you been diagnosed and/or treated for any mental, physical or cognitive condition that may affect your ability to practice with reasonable skill and safety? *If you have been diagnosed and you are participating in the Health Professionals Services Program, for purposes of this application, you may answer "no" to this question.
2. Since your last renewal have you been diagnosed and/or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety? *If you have been diagnosed and you are participating in the Health Professionals Services Program, for purposes of this application, you may answer "no" to this question. If yes, please submit an explanation.
3. Since your last renewal have you been charged with and/or convicted of any misdemeanor, gross misdemeanor, or felony crime including, but not limited to, any crime related to the use of alcohol or drugs? If yes, please submit an explanation.
4. Since your last renewal have you been notified that a complaint has been filed against you individually and/or you are under investigation by a state or federal agency or regulatory board? If yes, please submit an explanation.
5. Since your last renewal are you aware of any malpractice/legal actions pending against you individually or of any malpractice settlements or judgments against you? If yes, please submit an explanation.
6. Since your last renewal have you been terminated or resigned from employment in lieu of termination from employment? If yes, please provide an explanation.
7. Have you ever received notification from the Minnesota Department of Human Services or the United States Department of Health and Human Services, Office of the Inspector General that you have been disqualified from providing direct care or excluded from participation in Medicare or Medicaid? If yes, please submit an explanation.

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5  Payment Fee Details

6  Review

STEP 8: GENERAL AFFIDAVITS

Read through the Affidavits carefully and acknowledge them by checking the boxes below. If you have more shared license cards to renew, click on “ADD TO CART” and continue shopping. Continue STEPS 2 – 6. There is also a shared license tutorial available on the website.

If you have updated and renewed ALL licenses, click on “Proceed to Checkout”. This will allow you to review your total shopping cart and the amounts owed.

Please review all the information entered on your renewal application. Your answers can be viewed by clicking on the 'Confirmation' icon below.
If any information is incorrect in the confirmation document, return to the appropriate step to correct it. You can return to the previous step by clicking the 'Previous' button.

Note: Do not use the Back button on your browser to return to a previous page.

TYPE Assisted Living Director

REFERENCE # AL1302-30321

 Download Confirmation

ACKNOWLEDGMENT

If all information is correct then affirm the statements below and continue.

General Affidavits

I hereby affirm that I have read, understand and agree to the following:


- That the information submitted in this renewal application may be used as the basis for further investigation by the Board, and under some circumstances, the information could become available to other agencies or persons authorized by law to have access.
- Since the date of my last renewal application filed with the Board the answers given in this application are true and correct.
- I agree to abide by the laws of the State of Minnesota concerning the practice for which I am renewing the License.
- I understand that failure to disclose any of the requested information may result in the denial of this application for renewal.
- I understand that should I desire to change the status of my license, I must obtain the appropriate application form by contacting the Board office.
- I agree that I will cooperate with any necessary investigation or inquiry initiated by the Board, according to Minnesota Rules Chapter 6400 and that failure to answer a question truthfully may be grounds for discipline and/or termination of my License renewal pursuant to [Minnesota Administrative Rules Chapter 6400](#).

Director/Administrator of Record Employment Affidavits

I agree that I have reviewed the accuracy of the Director/Administrator of Record employment and agree to update any changes within **five working days** and that failure to do so may be grounds for disciplinary action under [Minnesota Administrative Rules Chapter 6400](#).

Add to Cart and Continue Shopping

 Previous



 Proceed To Checkout



STEP 9: Review your Cart. If multiple licenses, you will see each renewal listed with the license number.

 YOUR CART

ITEMS READY FOR PAYMENT

Description	Amount
Renewal - AL 1 	\$150.00 
Grand Total	\$150.00

Proceed to Payment

STEP 10: Complete the Payment Section. A receipt will be emailed to your email address on File. Click the red continue button when all fields on the form are complete.

Make a Payment


My Payment

Minnesota BELTSS

Amount Due \$150.00

Application Description Assisted Living Director Renewal

License Description AL

License Number 

Payment Information

Frequency One Time

Payment Amount \$150.00

Payment Date Pay Now

Contact Information

First Name

Last Name

Company (Optional)

Address 1

Address 2 (Optional)

City/Town


State/Province/Region

Zip/Postal Code





Country

Phone Number


Email Address

[Become a Registered User](#) 

Payment Method

Card Number    


Expiration Date Month Year

Card Security Code 

Card Billing Address Use my contact information address
 Use a different address

A service fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

[Continue](#) [Cancel](#)

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