

Online Portal – How to renew your license

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

PASSWORD

Log In

NAVIGATE

Register to Access Site

Forgot Username/Password

Search for a Licensee

License Renewal Process

GENERAL

This General Card provides access to all non-item specific features and services. Look for features and services related to specific items within the cards that follow.

Click the **More >** button in card headers to access additional information and features for the item.

NAVIGATE

- License Verification
- Apply for a License
- Search for a Licensee
- Replacement Wall Certificate

LICENSE - NURSING HOME ADMIN (NHA) [More >](#)

NUMBER	4204
STATUS	Active
ISSUED	07/11/2016
EXPIRES	06/30/2023
CE DUE	06/30/2023
ADDRESS	[REDACTED] Onamia, MN 56359

LICENSE - ASSISTED LIVING DIRECTOR (ALD) [More >](#)

NUMBER	1302
STATUS	Active
ISSUED	05/13/2021
EXPIRES	10/31/2023
CE DUE	10/31/2024
ADDRESS	[REDACTED] Onamia, MN 56359

NAVIGATE

Renew

PROFILE (INDIVIDUAL) [More >](#)

NAME	Stephen Jobe
BIRTH	[REDACTED]
PRIMARY #	[REDACTED]
ADDRESS	[REDACTED] Onamia, MN 56359
EMAIL	[REDACTED]

Step 1: Click on the Renew Button for the license you are renewing. You will need to do this for each license (Initial license and shared licenses).

License Renewal–Tennessee Warning

LICENSE RENEWAL-ALD

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

Next >

2 ☰ Update Contact Information

Step 2: Follow each item and read carefully. You will check off each item acknowledging you understand.

License Renewal – Update Contact Information

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.

One public phone number is required.





PUBLIC EMAIL

[Redacted]


WEBSITE

[Redacted]

ADDRESSES

LOCATION	ADDRESS	PUBLIC	MAILING	
Business	[Redacted]	✓		 
Business	[Redacted]		✓	 

PHONE NUMBERS

TYPE	NUMBER	PUBLIC	PRIMARY	
Business	[Redacted]	✓	✓	 

ACKNOWLEDGMENT

By checking here you agree you have reviewed the current contact information.

[← Previous](#) [Next →](#)

License Renewal – Continuing Education

LICENSE RENEWAL-ALD

1 Tennesen Warning

2 Update Contact Information

3 Continuing Education

The renewal system requires you to attest you have met the requirement for continuing education for the initial license renewal, and CE sessions have been pre-approved by BELTSS or NAB/NCERS or otherwise 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. For CE requirements, click on the question mark.

CE DUE DATE 10/31/2024

Your continuing education is not due this calendar year, but will be due based on the date shown above.

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

4 Answer Practice Questions

5 Payment Fee Details

No Continuing Education Clock Hours are due this year. The date you will need CE Clock hours is indicated above.

License Renewal—Practice Questions

4 Answer Practice Questions

1. Since your initial license was issued 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 initial license was issued 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 initial license was issued 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 initial license was issued 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 initial license was issued 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 initial license was issued 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.

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

5 ↪ Payment Fee Details

Payment Information	Amount
Renewal ALD	\$125.00
Total Amount	\$125.00

< Previous Next >

License renewal fees are \$125 per license. If you have multiple shared licenses, then you will need to renew each license for \$125.

If you no longer need a shared license, then **DO NOT RENEW** that license.

License Renewal–Confirmation

6 ✓ Review

Please review all 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. You can return to the 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 # AL1657-24694

[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.

Cooperation Affidavits

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 Rules Chapter 6400**.

[Add to Cart and Return to Overview](#)

[← Previous](#) [Proceed To Checkout](#)

If you have no other licenses to renew, proceed to checkout.

If you are renewing other shared Licenses, then you can Add to cart and return to Overview to start a new application.

License Renewals–Payment

YOUR CART

ITEMS READY FOR PAYMENT

Description

License: 1019; [REDACTED]

License: 1657

Grand Total

Amount

\$125.00



\$125.00



\$250.00

Proceed To Payment

Each license you are renewing will show once you have completed the previous steps. In this example, this person has two licenses they are renewing.

License Renewal—Credit Card Information and receipt

My Payment

Board of BOARD NAME

Amount Due \$250.00
Application Description Assisted Living Director Renewal
License Description AL
License Number 1657



Payment Information

Frequency One Time
Payment Amount \$250.00
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

Payment Method

Card Number 
Expiration Date
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](#)

0 / 1 / 25

Payment Confirmation for Board of BOARD NAME



MN Health Boards <epaynoreply@usbank.com>
To  Bollig, Rebecca (HLB)

 Follow up. Completed on Monday, August 14, 2023.

This message may be from an external email source.
Do not select links or open attachments unless verified. Report all suspicious emails to Minnesota IT Services Security Operations Center.

*** PLEASE DO NOT RESPOND TO THIS EMAIL ***


Thank you for your payment.

This email is to confirm your payment submitted on Aug-14-2023 for Board of BOARD NAME.

Confirmation Number: HLBST000968356
Payment Amount: \$125.00
Service Fee: \$2.69
Total Amount: \$127.69
Scheduled Payment Date: Aug-14-2023
Amount Due: \$125.00

Payer Name: bvc vcs
Credit Card Number: *2124
Credit Card Type: MC
Approval Code: N/A

License Renewal–Review your License Information

LICENSE - ASSISTED LIVING DIRECTOR (ALD)  [More >](#)

NUMBER	1302
STATUS	Active
ISSUED	05/13/2021
EXPIRES	10/31/2024
CE DUE	10/31/2024
ADDRESS	[REDACTED]

NAVIGATE

License Renewal–Licensee Search – Search your name to be sure license date is correct.

The screenshot shows the website for the Minnesota Board of Executives for Long Term Services and Supports. At the top left is the logo with 'm' and 'MINNESOTA BOARD OF EXECUTIVES FOR LONG TERM SERVICES AND SUPPORTS'. At the top right is a search bar with the text 'Search' and a magnifying glass icon. Below the logo is a navigation menu with items: 'Public', 'Assisted Living Directors', 'Health Service Executive', 'Nursing Home Administrators', 'Online Portal Login', and 'Online Licensee Search'. The 'Online Licensee Search' item is highlighted with a red rectangle. Below the navigation is a 'Mission' section with a blue sky background and the text: 'The mission of the Board of Executives for Long Term Services and Supports is to promote the public's interest in quality care, effective services and supports for consumers of nursing homes and assisted communities by ensuring that licensed executives are qualified to perform their administrative duties.' Below the mission is a 'Find a Licensee' section with a search form. The form has fields for 'Last Name' (Bollig), 'First Name' (Rebecca), 'License Type' (- select -), and 'Number'. A 'Search' button is at the bottom right of the form. Below the form is a 'Results' section with a table. The table has columns: 'Licensee Name', 'Birth Year', 'License Types', and 'Certifications'. One result is shown: 'Bollig, Rebecca M', '1975', 'HSE, NHA', and '-'. A date '8/17/23' is in the bottom left corner, and the number '12' is in the bottom right corner.

State of Minnesota

Search

Public Assisted Living Directors Health Service Executive Nursing Home Administrators Online Portal Login Online Licensee Search

Mission

The mission of the Board of Executives for Long Term Services and Supports is to promote the public's interest in quality care, effective services and supports for consumers of nursing homes and assisted communities by ensuring that licensed executives are qualified to perform their administrative duties.

Find a Licensee

To search for a licensee, enter the individuals name and/or license information. Only enter numbers in the "number" field. Health Services Executive (HSE) meet the license requirements of Nursing Home Administrator and Assisted Living Director.

Last Name First Name

License Type Number

1 matches found

Results

Licensee Name	Birth Year	License Types	Certifications
Bollig, Rebecca M	1975	HSE, NHA	-

8/17/23

12