

Cash Line Number (For Department Use Only) _____

QUALIFICATIONS

To Qualify for licensure as a nursing home administrator in New York State, an applicant must:

1. be at least twenty-one (21) years of age;
2. have good moral character and suitability;
3. possess a Baccalaureate degree from an accredited educational institution including, or supplemented by, fifteen (15) credit hours of required course work;
4. complete a NYS Board of Examiners of Nursing Home Administrators (Board)-approved Administrator-In-Training (AIT) Program or complete twenty-four (24) months of qualifying field experience;
5. complete a Board-approved course in nursing home administration;
6. attain a passing score on the licensure examination in nursing home administration approved by the Board.

A. IDENTIFYING DATA

Name	Last	First	Middle	Maiden/other Names	Date of Birth: MM DD YYYY	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
					Birth Place: (City, County, State, Country)	
Home Address		Number and Street			Apt. #	
					Email Address	
City		County		State		Zip Code + 4
					Phone #s (include area code)	
					Business: ()	
					Home: ()	

B. EMPLOYMENT DATA

List below all employment during the past 10 years, beginning with the most recent. Attach additional sheets if necessary. A resume or curriculum vitae may be submitted **in addition to** completing this section of the application.

Present Position (Payroll Title)	Date of Appointment	M	D	Y					
Name of Current Employer		Name of immediate supervisor							
Address		Number Street		City					
		State		Zip Code (+ 4 optional)					
<hr/>									
Position (Payroll Title)		From	M	D	Y	To	M	D	Y
Name of Employer		Name of immediate supervisor							
Address		Number Street		City		State		Zip Code (+ 4 optional)	
<hr/>									
Position (Payroll Title)		From	M	D	Y	To	M	D	Y
Name of Employer		Name of immediate supervisor							
Address		Number Street		City		State		Zip Code (+ 4 optional)	
<hr/>									
Position (Payroll Title)		From	M	D	Y	To	M	D	Y
Name of Employer		Name of immediate supervisor							
Address		Number Street		City		State		Zip Code (+ 4 optional)	
<hr/>									
Position (Payroll Title)		From	M	D	Y	To	M	D	Y
Name of Employer		Name of immediate supervisor							
Address		Number Street		City		State		Zip Code (+ 4 optional)	

C. FORMAL EDUCATION

Please have official transcript sent from all post-secondary schools.	Name of School and City in which it is located	Dates of Attendance (M/Y)		Graduated? (Y/N)	Major/Minor	No. of college credits	Type of Degree Recd.	Date of Degree
		From	To					
High School	-----							
College/ University (submit official transcript)	-----							
College/ University (submit official transcript)	-----							
Other (submit official transcript)	-----							

D. INTERNSHIP

1. Have you completed an internship in a nursing home within the past ten (10) years?
If YES, please submit documentation showing facility, # of hours completed and curriculum. Yes No
2. Internship documentation enclosed? Yes No

E. PROFESSIONAL LICENSURE

Do you hold, or have you ever held, a nursing home administrator license or other professional license issued by another state, the District of Columbia, or other municipalities? If YES, enter the name of the municipality and license number/s below for **all professional licenses, certificates and registrations held (currently or in the past), including nursing home administrator**. Attach additional sheets as necessary. Yes No

F. CHARACTER AND SUITABILITY INFORMATION

1. Have you ever been convicted of a crime (felony or misdemeanor) in any state or country? Yes No
See Note
2. Have you ever been charged with a crime (felony or misdemeanor) in any state or country, the disposition of which was other than acquittal or dismissal? Yes No
See Note
3. Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country? Yes No
See Note
4. Are charges pending against you for professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country? Yes No
See Note
5. Has any hospital, nursing home, or licensed facility restricted or terminated your professional training, employment, or privileges, or have you ever voluntarily resigned or withdrawn from such association to avoid imposition of such measures? Yes No
See Note
6. Do you currently have a mental, physical or emotional, health condition that impairs or limits or, if untreated, could impair or limit your ability to practice as a nursing home administrator in a competent and professional manner? Yes No
See Note
7. Have you ever entered into a stipulation of settlement or similar document to settle a charge relating to professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country? Yes No
See Note

NOTE: If any answer to any question (F 1-7) is "Yes", submit a letter giving complete explanation. Include copies of any court records and, if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certification of Good Conduct".

G. SERVICE IN THE ARMED FORCES

1. Did you serve in any of the Armed Forces of the United States? Yes No
2. If you served, were you discharged under honorable conditions? Yes No N/A
- If your answer to #2 is NO, please submit a photocopy of your discharge certificate.*

H. CHILD SUPPORT OBLIGATION

NYS General Obligations Law, Section 3-503, requires everyone applying for or renewing a professional license, permit or registration to file a written statement that, as of the date of the filing, he or she is, or is not, under an obligation to pay child support. Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or driver's licenses. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to Section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are under an obligation to pay child support but are not in compliance with the General Obligations Law can be issued a credential for no more than six months to discharge child support obligations consistent with that law.

Check **only** ① or ② below. If you check ②, you must check one of the five statements listed below it.

① I am not under an obligation to pay child support.

OR

② I am under an obligation to pay child support **and** (please check only one of the following):

- I am current and am not four months or more in arrears in the payment of child support; or
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or
- the child support obligation is the subject of a pending court proceeding; or
- I am receiving public assistance or supplemental security income; or
- none of the above four statements apply.

NOTE: If you checked "none of the above four statements apply" under ②, submit a letter of explanation with your application.

I. NOTARIZED SIGNATURE

I affirm, subject to the penalties for perjury, that the statements made herein and on the accompanying papers have been examined by me and to the best of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be cause for suspension or annulment of any license issued pursuant to this application.

Signature of Applicant

Date

Sworn to me this _____ day of _____ 20_____

Notary Public

J. SUBMISSION OF APPLICATION

Payment of the \$40.00 (U.S.) non-refundable application fee, by check or money order made payable to "New York State Department of Health", must accompany this application. Please complete this form, sign it in the presence of a notary, enclose the fee payment and any additional supporting documents, and mail to:

Board of Examiners of Nursing Home Administrators
NYS DOH – Bureau of Professional Credentialing
161 Delaware Avenue
Delmar, NY 12054-1393