

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF NURSING HOME ADMINISTRATORS
4052 BALD CYPRESS WAY, BIN #C-07
TALLAHASSEE, FLORIDA 32399-3257
(850) 245-4355**



Application for Nursing Home Administrators Re-Examination

January 2017

DEPARTMENT OF HEALTH
BOARD OF NURSING HOME ADMINISTRATORS
4052 Bald Cypress Way, Bin #C07
Tallahassee, Florida 32399-3257
850/245-4355

**APPLICATION INSTRUCTIONS
FOR RE-EXAMINATION**

*** PLEASE TYPE OR PRINT IN BLACK INK ***
PLEASE READ CAREFULLY

NOTE: Applications are accepted on a continuous basis, there are no deadlines.

- 1. FLORIDA LAWS & RULES:** A copy of Section 468, Part II, Florida Statutes and Rule Chapter 64B10, Florida Administrative Code are available by downloading them at <http://floridasnursinghomeadmin.gov/resources/>. This information is also available over the internet via our web site. It is important to read this in order to determine your eligibility prior to applying, and to familiarize yourself with the statutes and board rules regarding your application for licensure as a nursing home administrator.
- 2. APPLICANT'S QUESTIONS REGARDING APPLICATION STATUS:** Within thirty (30) days after the board office receives your application and fee, we will send an acknowledgment letter informing you of any deficiencies and the specific items required to complete your application. If you do not receive notice that we have received your application within forty-five (45) days of the date mailed, please contact this office. As a reminder to all applicants, Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after initial filing with the department.
- 3. EXAMINATION INFORMATION:** The Florida Nursing Home Administrators Examination consists of two parts; one being the NHA examination and the other being the Florida Laws and Rules examination. The NHA examination is developed and administered by the National Association of Boards of Examiners of Nursing Home Administrators (NAB). Upon board approval, you must submit your application through NAB's CDOM system at their website nabweb.org in order to be scheduled. The NAB CDOM will provide an email response informing you of your eligibility along with your authorization to test letter. You will be provided the toll-free number for use in scheduling your exam, a list of testing centers and appropriate online scheduling instructions. The Florida Laws and Rules examination is developed by the Florida Department of Health and administered by the contracted vendor. Both exams are given on a continued basis. For any information on examination scheduling and associated fees, please contact NAB.
- 4. REVIEW AND STUDY COURSES:** The following organization offers a review or study course for the nursing home administrator licensure examination NAB. Please be advised the Board of Nursing Home Administrators is not recommending this course, but simply stating this as a courtesy to the sponsor. To receive additional information on dates and times the review is given, please contact the provider directly: Professional Health Care Education Systems, Inc., Post Office Box 291883, Tampa, Florida 33617, Attention: Inez Joseph, Ph.D., Phone (813) 982-1554.
- 5. YES/NO QUESTIONS:** All questions with a "Yes or No" answer must be marked with either a "Yes" or "No" as no other response is acceptable. In questions which require a brief explanation or description to "Yes" answers, your responses must be sufficiently detailed to ascertain the dates, institution/organization names, and a brief synopsis of the reasons (i.e., the final charges or substantiated allegations only) the institution/organization took the disciplinary action (i.e., probation, limitation, suspension, revocation, voluntary relinquishment in lieu of disciplinary action, or any other adverse action). **HOWEVER, IF A QUESTION CONTAINED IN THIS SURVEY IS NOT APPLICABLE ANSWER "N/A" IN THE NO COLUMN. Documentation of final disposition to "yes" answers is required.**

6. RE-EXAMINATION APPLICANTS: Applicants who are retaking either examination should log on to the NAB website for the National Examination and/or Prometric for the Florida Laws and Rules Examination. You **MUST** submit a complete copy of this application and re-examination fees. Re-examination applicants are **NOT** required to resubmit transcripts or any other documentation previously provided. You are allowed to retake the examination four times within a 12-month period from the date of your initial application. You must wait 30 days after failure of each examination to retake.

7. ADDITIONAL SPACE NOTE: Should any of the sections in the application fail to provide sufficient space for the requested information, use an additional page or the reverse side of the application page on which the question is located. Always number the additional information with the corresponding number in the application.

8. FEDERAL PRIVACY ACT: Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 456.013, 409.257(7) and 409.259(8), F. S. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for license verification pursuant to, unless exempt as outlined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.

Note: If you do not fill in your social security number, your application may be delayed.

9. Fee Schedule: A certified check or money order in the appropriate amount, made payable to the Department of Health, must be attached to your application. Please staple the certified check or money order to page 1 of the application on the upper left part of the form. Your application will not be processed without these fees. These fees are required by law and include the following:

Re-examination:

NAB and LAWS & RULES (Both)	
Examination Fee	\$ 250.00
Laws and Rules Fee	\$ 190.00
National Examination Only	\$ 0
Total Fee:	\$ 440.00

LAWS & RULES (Only)	
Examination Fee	\$ 250.00
Laws and Rules Fee	\$ 190.00
Total Fee:	\$ 440.00

YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL SUPPORTING DOCUMENTS AND FEES HAVE BEEN RECEIVED BY THIS OFFICE.



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

Florida Department of Health Board of Nursing Home Administrators

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), and (12), Florida Statutes.

Name: _____
 Last **First** **Middle**

Social Security Number: _____

APPLICANT HISTORY: (If you answer YES to the following questions, please provide additional sheets, the relevant dates and circumstances of such treatment and/or addiction along with the names and addresses of the medical practitioners or hospitals who performed such treatment.)

1. In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? [] YES [] NO
2. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? [] YES [] NO
3. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder or that has impaired your ability to practice within the past five years? [] YES [] NO
4. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice? [] YES [] NO
5. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years? [] YES [] NO
6. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice within the last five years? [] YES [] NO

**ALL AFFIRMATIVE ANSWERS MUST BE EXPLAINED IN DETAIL ON A SEPARATE SHEET.
DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.**

5. APPLICANT HISTORY:

- a. Have you had any application for a professional license, or any application to practice, denied by any state board or other governmental agency of any state or country? [] YES [] NO
- b. Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature including, but not limited to, a charge or violation of the Nursing Home Administration practice act, unprofessional or unethical conduct? [] YES [] NO

If **YES**, please complete the following:

(Name of Agency)	(City/State)	(Date: MM/DD/YYYY)	(Final Action)	(Under Appeal? Y/N)
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(Name of Agency)	(City/State)	(Date: MM/DD/YYYY)	(Final Action)	(Under Appeal? Y/N)
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6. LICENSURE ACTIONS:

- a. Have you ever had a license disciplined for sexual misconduct or committed any act in any other state that would constitute sexual misconduct? [] YES [] NO
- b. Have you ever had any professional license or license to practice revoked, suspended, or any other disciplinary action taken in any state or other jurisdiction? [] YES [] NO
- c. Have you been refused a license to practice, or the renewal thereof in any state? [] YES [] NO

7. CRIMINAL INFORMATION:

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? [] YES [] NO

If **YES**, you must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

(Offense)	(Date: MM/DD/YYYY)	(Jurisdiction)	(Final Disposition)	(Under Appeal? Y/N)
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(Offense)	(Date: MM/DD/YYYY)	(Jurisdiction)	(Final Disposition)	(Under Appeal? Y/N)
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IMPORTANT NOTICE: Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

- 8. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felon offense(s) in another state or jurisdiction? [] YES [] NO
(If you responded NO, skip to 9)

- a. If “yes” to 8, for felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? [] YES [] NO

- b. If “yes” to 8, for felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13 (6)(a), Florida Statutes). YES NO
- c. If “yes” to 8, for felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? YES NO
- a. If “yes” to 8, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?
(If “yes”, please provide supporting documentation) YES NO
9. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? YES NO
- a. If “yes” to 9, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation of such conviction or plea ended? YES NO
10. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **(If “No”, do not answer 10a.)** YES NO
- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? YES NO
11. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **(If “No”, do not answer 11a or 11b.)** YES NO
- a. Have you been in good standing with a state Medicaid program for the most recent five years? YES NO
- b. Did the termination occur at least 20 years before to the date of this application? YES NO
12. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General’s List of Excluded Individuals and Entities? YES NO

13. APPLICANT SIGNATURE:

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I state that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 456.072, 468.1745, and 468.1755, Florida Statutes.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instruments (local, state, federal or foreign) to release to the Department of Health, any information, files and/or records requested by the Department in connection with the processing of this application. I further authorize the Department to release to the organization, individuals, and groups listed above, any information which is material to my application.

I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board of Nursing Home Administrators decision concerning my eligibility for licensure. (Section 456.013, Florida Statutes) Failure to do so may result in action by the Board including denial of licensure.

I further state that I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida in the profession for which I am applying.

I also state that I will comply with all requirements for licensure renewal in effect at the time of license renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

As a reminder to all applicants, please understand that Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the Department.

APPLICANT SIGNATURE: _____

DATE: _____