

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	Suffix	Social Security #					
List all previous names					Date of Birth	M	D	Y	Sex	<input type="checkbox"/> Male
Home Address					Number and Street	Apt. #	<input type="checkbox"/> Female			
Home Email:					Wk Email:					
City	County	State	Zip Code + 4		Bus.Phone: ()					
					Home: ()					
					Cell: ()					

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)				
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)				
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)				
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)				
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 Rec'd.	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 health care facility 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 which 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
- 3. 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 Credentialing
875 Central Avenue
Albany, NY 12206-1388

New York State NHA Licensure Application Instructions

General Guidelines

When completing the Nursing Home Administrator Licensure Application (DOH-641), please adhere to the following:

1. Type or print responses **legibly** in black or blue ink.
2. **Complete all sections of the application.** Before submitting, be sure that all sections of the application are completed fully and the application is signed, dated, and notarized. **Incomplete and/or incorrect applications will be returned.**
3. If more space is needed to provide information for any of the questions, please use additional sheets of paper. Indicate the section of the application and the question/issue to which the information pertains. Attach sheets in the order the sections appear in the application.
4. **Send copies of at least two government issued forms of identification (ID) with your application, including a copy of your Social Security card. At least one ID must state your date of birth and at least one must be a photo ID. Acceptable forms of ID are listed at the end of these instructions.**
5. Have an *official* copy of your college transcript(s) sent directly from the college(s) or send the transcript in an envelope **sealed by the college and unopened**. **Do not** send student copies of your transcript unless requested to do so by staff. The transcript must indicate the date the degree was conferred. Include transcripts for all undergraduate and graduate level courses completed. Do not send a copy of your diploma or degree.
6. Attach course descriptions establishing your fulfillment of the required coursework as detailed in Licensure Qualification 3. The course number(s) identified on the course description(s) must correspond to the course number(s) listed on your transcripts. **Do not** forward the entire course catalog. Send only copies of relevant course descriptions from the catalog applicable to the course(s) you completed.
7. Application Fee: Payment of the licensure application fee must accompany your application. Payment must be made by check or money order payable to "New York State Department of Health," in the amount of forty dollars (\$40.00) U.S. funds.
8. Examination Fee: **Do not** submit payment for the examination at this time. You will be requested to submit the required examination fee directly to the examination service **only** after the Board has approved your licensure application.
9. Applicants interested in participating in the Board of Examiners of Nursing Home Administrators' AIT Program to acquire the necessary experience to fulfill Licensure Qualification 4, **must** submit a completed licensure application **prior** to participating in the program. Additionally, **the Board must approve the AIT program, the preceptor, and the training site before the start of any AIT training program.**
10. New York State does not issue nursing home administrator licenses by reciprocity. In order to obtain a New York State Nursing Home Administrator's license, you must submit a completed application in accordance with the general instructions detailed above, establishing that you fulfill all of the requirements for licensure in New York State.

NEW YORK STATE DEPARTMENT OF HEALTH

Board of Examiners of Nursing Home Administrators

Section A (Identifying Data)– You must answer all questions in this section. Make sure to include:

- full middle name;
- all maiden and other names currently or previously used;
- complete address including apartment # (if applicable) and extended zip code;
- complete e-mail address; and
- home and business telephone numbers.

Section B (Employment Data) – Enter your employment history for the past ten years only. Use extra sheets as necessary.

Section C (Formal Education) – Complete all applicable sections.

Section D (Internship) – Answer both questions.

Section E (Professional Licensure) – Make sure to check “yes” or “no” as applicable. Enter the names of all states that have issued you a license and list the license number(s). If you also possess a current five-year certification from the American College of Health Care Administrators, indicate this, as well. **List all other professional licenses held (i.e.: nursing, physical therapy) in this section.**

Section F (Character and Suitability) – You must answer all questions. If you answer “yes” to any of these questions, you must submit a letter of explanation and include any applicable court records.

Section G (Service in the Armed Forces) – You must answer both questions and, if applicable, include a copy of your discharge papers.

Section H (Child Support Obligation) – You must answer this question.

Section I (Notarized Signature) – You must sign and date the completed application witnessed by a notary public.

Questions

Questions regarding the completion and submission of the licensure application or the qualifications for licensure as a nursing home administrator should be directed to the Board of Examiners of Nursing Home Administrators at 518-408-1297. Staff will be happy to assist you. Please bear in mind, staff will be unable to advise you as to whether you are in fulfillment of specific licensure qualifications until your application has been submitted and reviewed. Your patience and cooperation during the review period are appreciated.

Submission

When completed, mail your completed, signed and notarized Nursing Home Administrator Licensure Application form (DOH-641), supporting documentation, and forty dollar (\$40.00) application fee payment to:

Board of Examiners of Nursing Home Administrators
NYS Department of Health
875 Central Avenue
Albany, NY 12206-1388

NEW YORK STATE DEPARTMENT OF HEALTH

Board of Examiners of Nursing Home Administrators

Acceptable Forms of Identification

(A copy of your Social Security Card must be included. Your birth date must be on at least one ID and a current photo must be on at least one ID. They both may appear on the same ID.)

1. Social Security Card
2. U.S. Passport (unexpired or expired)
3. Certificate of U.S. Citizenship (Form N-560 or N-561)
4. Certificate of Naturalization (Form N-550 or N-570)
5. Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization
6. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)
7. Unexpired Temporary Resident Card (Form I-688)
8. Unexpired Employment Authorization Card (Form I-688A)
9. Unexpired Reentry Permit (Form I-327)
10. Unexpired Refugee Travel Document (Form I-571)
11. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)
12. Driver's License or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
13. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
14. School ID with a photograph
15. Voter's registration card
16. U.S. Military card or draft record
17. Military dependent's ID card
18. U.S. Coast Guard Merchant Mariner Card
19. Native American tribal document
20. Driver's license issued by a Canadian government authority