



HEALTH LICENSING OFFICE
Nursing Home Administrators Board

1430 Tandem Ave. NE, Suite 180, Salem, OR, 97301
 Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo Email: hlo.info@state.or.us

NURSING HOME ADMINISTRATOR LICENSE APPLICATION

1. Applicant Information

APPLICANT NAME LAST FIRST MIDDLE INITIAL

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY STATE ZIP

PHONE: HOME CELL BUSINESS TELEPHONE EMAIL

GENDER BIRTHDATE SOCIAL SECURITY NUMBER (REQUIRED)
 Female Male

Have you ever been known under any other name?
 No Yes – If yes, list full name(s):

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? No Yes - If yes, please list information below.

State: Lic./Cert./Reg.# Expiration:

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Do not write in this section – Official use only

Initials _____ OTC ID Verified Qualified Exam: Written Re-exam

Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____
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2. Individual Records Questions: Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. Yes No If yes, please explain (**attach additional pages if necessary**):

<p>● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions, including the charges as stated in the court documents and year convicted (attach additional pages if necessary).</p>	<p>Year Convicted</p>

● As of today are you on probation or parole? Yes No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

<p>Applicant Signature:</p>	<p>Date:</p>
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ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the federal Health Care Integrity and Protection Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the Health Care Integrity and Protection Data Bank. Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

<p>Applicant Signature:</p>	<p>Date:</p>
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3. * (Complete This Section Only If Submitting Payment By Mail) *****

Method Of Payment For Application Fee = \$100; Examination Fees = \$125 (Pathway One Or Two); License Fee = \$130 (Pathway Three, Four Or Five).

Please check one: Cash Check Money order Purchase order Credit card (see below)

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

4. Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Ethnic Background (check only one)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the Black racial groups of Africa.
- (H) **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of race.
- (I) **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

● REQUIREMENTS FOR ALL NURSING HOME ADMINISTRATOR LICENSE APPLICATIONS

- Meet the requirements of OAR 331 division 30;
- Submit a completed application form prescribed by the HLO, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees = **\$100 (ALL PATHWAYS) (see method of payment section above)**;
- Submit **two** forms of acceptable identification as listed in OAR 331-030-0000(8), **both of which must include applicant's current legal name.** Front and back of legible (clear) photocopies if submitted by mail. **Pursuant to OAR 331-030-0000(10) at least one form of identification must be photographic; driver license, state ID card, passport or military ID card; and**
- Provide documentation of completing a qualifying pathway (see qualification pathways below).

PATHWAY ONE: QUALIFICATION THROUGH ADMINISTRATOR IN TRAINING (AIT) PROGRAM

Applicant must:

- Submit official transcripts as defined in OAR 853-020-0000(8) demonstrating attainment of qualifying Bachelor's degree, pursuant to ORS 678.730(3), that must be mailed directly from the accredited college/university to the HLO;
- Submit Certificate of Training Completion on forms prescribed by the HLO;
- Pay state examination fee = **\$125**;
- Submit official documentation of a passing score on the NAB examination, successfully completed within one year *following* the date of application, sent directly by the NAB to the HLO. Copies of examination results or other documentation provided by the applicant are not acceptable. The applicant is responsible for payment of fees assessed by NAB in obtaining required official documentation. (see ORS 678.740 and OAR 853-030-0050);
- Submit proof having completed and passed the board approved state examination within one year *preceding* or one year *following* the date of application. (see ORS 678.740 and OAR 853-030-0050); and
- Upon passage of all required examinations and before issuance of license, pay all license fees.

(OR)

PATHWAY TWO: QUALIFICATION THROUGH DUAL FACILITY EXPERIENCE

Applicant must:

- Submit proof, from the organization, of one year experience as an administrator serving a dual facility as per ORS 678.710(1);
- Pay state examination fees = **\$125**;
- Submit official documentation of a passing score on the NAB examination, successfully completed within one year *following* the date of application, sent directly by the NAB to the HLO. Copies of examination results or other documentation provided by the applicant are not acceptable. The applicant is responsible for payment of fees assessed by NAB in obtaining required official documentation. (see ORS 678.740 and OAR 853-030-0050);
- Submit proof having completed and passed the board approved state examination within one year *preceding* or one year *following* the date of application. (see ORS 678.740 and OAR 853-030-0050); and
- Upon passage of all required examinations and before issuance of license, pay all license fees.

(OR)

PATHWAY THREE: QUALIFICATION THROUGH ADVANCED EDUCATION AND EXPERIENCE

Applicant must:

- Submit official transcript as defined in OAR 853-020-0000(8) demonstrating attainment of a postgraduate degree in management pursuant to ORS 678.730(4), that must be mailed directly from the accredited college/university to the HLO;
- Submit proof of ten years of experience in health care management as defined in OAR 853-020-0000(5); and
- Pay licensing fees = **\$130** (see method of payment section above).

(OR)

PATHWAY FOUR: RECIPROCITY

Applicant must:

- Submit an affidavit of licensure pursuant to OAR 331-030-0040 demonstrating proof of current licensure, which is active with no current or pending disciplinary action, as a nursing home administrator. The license must have been issued by another state or territory of the United States and the licensing requirements must be at least equivalent to those in ORS 678.730; and
- Pay licensing fees = **\$130** (see method of payment section above).

(OR)

PATHWAY FIVE: RECIPROCITY FOR LICENSEES REGISTERED PRIOR TO JANUARY 1, 1983

Applicant must:

- Submit an affidavit of licensure pursuant to OAR 331-030-0040 demonstrating proof of current licensure, which is active with no current or pending disciplinary action, as a nursing home administrator. The license must have been issued by another state or territory of the United States and the licensing requirements must be at least equivalent to those in ORS 678.730. The affidavit must indicate that the license was originally issued prior to January 1, 1983; and
- Pay licensing fees = **\$130** (see method of payment section above).