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NEVADA STATE BOARD OF EXAMINERS  
FOR  
LONG TERM CARE ADMINISTRATORS  
3157 N. Rainbow Blvd., #313  
Las Vegas, Nevada 89108  
Phone: (702) 486-5445  
Fax : (702) 486-5439

RESIDENTIAL/NURSING FACILITY ADMINISTRATOR

APPLICATION FOR LICENSURE

*(Applications must be printed or typed – Do not staple – Double sided copies will not be accepted)*

ALL APPLICATIONS FOR LICENSURE MUST BE COMPLETED WITHIN ONE (1) YEAR OF THE ORIGINAL SUBMITTAL DATE.  
APPLICATIONS NOT COMPLETED WITHIN ONE (1) YEAR WILL BE CONSIDERED VOID.  
*All fees are non refundable or transferrable.*

I. APPLICANT IDENTIFYING INFORMATION

PLEASE CHECK ONE:

RESIDENTIAL FACILITY ADMINISTRATOR \_\_\_\_\_ NURSING FACILITY ADMINISTRATOR \_\_\_\_\_

1. Name \_\_\_\_\_  
Last/Family First/Given Middle Maiden
2. Other Names Used \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Last First
3. Social Security Number \_\_\_\_\_ 4. Telephone No. Home \_\_\_\_\_
5. Business Telephone No. \_\_\_\_\_ 6. Cell Phone: \_\_\_\_\_
7. Personal E-mail: \_\_\_\_\_
8. Address \_\_\_\_\_  
Number/Street Apartment # City State Zip
9. Date of Birth \_\_\_\_\_ 10.. Place of Birth \_\_\_\_\_ 11. United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_



**II. RECORD OF LICENSURE INFORMATION**

Licenses/Certificates: List all licenses, registrations or certifications issued by any state, province or country you now hold, in any capacity, in any jurisdiction (Example: RN, LPN, etc.)?

License Type	State	License/Certificate Number	Active/ Inactive Discipline	By Exam or Endorsement	Expiration Date
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

4. Have you failed a NAB Residential/Nursing Facility Administrator's Exam in any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many times? \_\_\_\_\_ In what state? \_\_\_\_\_

5. Do you have difficulty reading or writing English without assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

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**III. ONLY NURSING FACILITY ADMINISTRATOR APPLICANTS MUST COMPLETE THE FOLLOWING**

Have you completed at least 1,000 hours in a program for training administrators and/or an internship or residency in a facility providing long-term care approved by a **Board of Licensure for Nursing Facilities Administrators**?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, provide the name and address of the program, a description of the course outline and a copy of transcripts or certificate received.

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#### IV. PERSONAL HISTORY INFORMATION (All Applicants)

In order to protect the public and comply with the American Disabilities Act, please answer the following questions. If the response is yes, carefully read the information after each question and provide all necessary documentation. Your application will not be considered complete without it.

1. Has your license, registration or certification in any state ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, you must submit a detailed letter of explanation of the action, state where the action took place and the circumstances leading to the action and copies of records and orders from the agency that took the action identifying the allegations, action taken and current action status.

2. Have you ever, since attaining the age of 18 years, been charged, even if charges were dropped, or dismissed, or convicted of a criminal offense whether a felony, gross misdemeanor or misdemeanor, placed on probation, or granted deferred adjudication, pretrial diversion or had records sealed or expunged, or advised by an attorney that you do not have to list the conviction, in any jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE NOTE: FAILURE TO FULLY AND COMPLETELY DISCLOSE ANY FORMER CHARGES, ARRESTS OR CONVICTIONS MAY RESULT IN DENIAL OF YOUR LICENSE.**

*If you have any question as to how to respond to this question, please call the Board Office at (702) 486-5445 for clarification.*

If the answer is yes, you must submit the following:

- a. A detailed letter of explanation including date of offense, circumstances leading to arrest, conviction, sentence, additional convictions and current status of sentence.
  - b. Copies of court documents identifying actual conviction and sentence
  - c. A letter from parole/probation officer regarding compliance with requirements or copy of document identifying completion of sentence.
  - d. A criminal history printout from a FBI fingerprint check.
3. Within the past five years have you been diagnosed, treated or hospitalized for a psychiatric or mental health condition that could/may result in your not being able to practice the essential job functions of a Residential/Nursing Facility Administrator?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes you must submit the following:

- a. A detailed letter of explanation including diagnosis, past treatment efforts (inpatient or outpatient), date of last treatment and current treatment plan.
  - b. Documentation from treating practitioners regarding diagnosis (Axis I - V), medications, treatment modality, treatment plan, current mental status and statement regarding ability to function, cope with a stressful situation or reason and make sound judgments.
4. Within the past five years have you been diagnosed as having a physical or medical condition which will result in your not being able to practice the essential job function of a Residential/Nursing Facility Administrator?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes you must submit the following:

- a. A detailed letter of explanation of the condition and how it may interfere with your ability to practice.
- b. A letter from your treating practitioner regarding diagnosis, extent of the condition and your ability to practice.

**A "YES" ANSWER TO ANY OF THE ABOVE QUESTIONS WILL AFFECT THE PROCESSING OF YOUR APPLICATION AND MAY RESULT IN ISSUING AN UNRESTRICTED, LIMITED OR RESTRICTED LICENSE. FAILURE TO ANSWER TRUTHFULLY IS GROUNDS FOR A FRAUDULENT APPLICATION AND MAY RESULT IN DISCIPLINARY ACTION.**

**V. EDUCATION INFORMATION:**

Please complete the form below regarding your education.

<u>University/College/ High School/Other</u>	<u>Location</u>	<u>Month &amp; Year Attended</u>	<u>Degree Diploma/Other</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Note:** An official copy of your grade transcripts and/or degree/diploma must be provided by the granting institution.

**VI. CHILD SUPPORT INFORMATION**

Please mark the appropriate response (**failure to mark one of the three will result in denial of the application**):

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security number: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

**VII. WORK HISTORY/PRACTICAL EXPERIENCE:**

**Please describe your work experience for the last 10 years beginning with your most recent position. If you were unemployed for longer than three (3) months, list the dates and your address in the experience block. You must complete the form below. "SEE RESUME" is not acceptable.**

Dates of Employment : From \_\_\_\_\_ To: Present  
Mo Day Year

Name of Employer/Business: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Your Position/Title: \_\_\_\_\_ Number of Employees Supervised: \_\_\_\_\_

Briefly Describe Your Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Dates of Employment : From \_\_\_\_\_ To: \_\_\_\_\_  
Mo Day Year Mo Day Year

Name of Employer/Business: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Your Position/Title: \_\_\_\_\_ Number of Employees Supervised: \_\_\_\_\_

Briefly Describe Your Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Dates of Employment : From \_\_\_\_\_ To: \_\_\_\_\_  
Mo Day Year Mo Day Year

Name of Employer/Business: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Your Position/Title: \_\_\_\_\_ Number of Employees Supervised: \_\_\_\_\_

Briefly Describe Your Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**If needed, please use an additional sheet for work history information for 10-year period.**

**VIII. Military Service**

a. Have you ever served in the military on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States separated from such service under conditions other than dishonorable? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic And Atmospheric Administration of the United States in the capacity of a Commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Branch(es) of Service? (Check all that apply)

- |   |             |           |
|---|-------------|-----------|
| _____ Army/Army Reserve                 | From: _____ | To: _____ |
| _____ Marine Corps/Marine Corps Reserve | From: _____ | To: _____ |
| _____ Navy/Navy Reserve                 | From: _____ | To: _____ |
| _____ Air Force/Air Force Reserve       | From: _____ | To: _____ |
| _____ Coast Guard/Coast Guard Reserve   | From: _____ | To: _____ |
| _____ National Guard                    | From: _____ | To: _____ |

Military Occupation/Specialties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Affix  
Passport-Size  
Photo Here**

**DESCRIPTION:**

Color of Hair: \_\_\_\_\_  
Color of Eyes: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Date Photo was Taken: \_\_\_\_\_

**IX. AFFIDAVIT**

I declare that I am the applicant described and identified in this application for licensure in the State of Nevada.

I declare that I am qualified in all respects for the license for which I am applying in this application.

To the best of my knowledge, the information contained in this application and its supporting documents is free of fraud, misrepresentation or omission of material fact.

To the best of my knowledge, the information contained in this application and its supporting document(s) is truthful, correct and complete; and discloses all material facts regarding myself and associated individuals necessary to properly evaluate my qualifications for licensure.

I will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand it is unlawful and punishable by law to apply for or obtain a license or otherwise deal with the Board of Examiners for Long Term Care Administrators or a licensing board through the use of fraud, forgery or intentional deception, misrepresentation, misstatement or omission.

I authorize the Board of Examiners for Long Term Care Administrators to review and copy any documents pertaining to my past or present employment or character.

I release my past and present employers, references and all other persons whomsoever from any damage because of furnishing said information.

**Attached is a copy of my driver's license or other photo identification.**

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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**X. ADMINISTRATOR FINGERPRINT PROCESSING INSTRUCTIONS (CARDS)**

As an applicant for licensure with the Board of Examiners for Long-Term Care, it is your responsibility to obtain fingerprinting from an authorized law enforcement agency. Attached is a Civil Applicant Waiver which **MUST BE COMPLETED**.

It is imperative that the following blocks be COMPLETELY FILLED OUT.

APPLICANT FINGERPRINT CARD

Name: _____ Last                  First                  Middle	Height: _____
Signature: _____	Weight: _____
Aliases (AKA): _____	Color – Eyes: _____
Citizenship: _____	Color – Hair: _____
Date of Birth: _____	Place of Birth: _____
	Race: _____
Social Security Number: _____	Sex: _____
Signature of official taking fingerprints: _____	



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REGISTRATION APPLICANT ELECTRONIC SUBMISSION FORM

Provide this form to the fingerprint technician at the time fingerprints are taken and return it to BELTCA for inclusion in your application submission.

Applicant Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

\_\_\_\_\_

Reason Fingerprinted: NFA - 654.150 RFA - 654.155

Registration payment has been confirmed.

ORI: NV920440Z

Account Number: 880351

The above named individual was fingerprinted and said prints  
Will be sent electronically to the Central Repository for  
Nevada Records of Criminal History on behalf of the  
Board of Examiners for Long Term Care Administrators.

Fingerprint Agency Stamp _____ Fingerprint Representative Signature _____ TCN#: _____ Date: _____
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## FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Nevada Board of Examiners for Long Term Care Administrators (BELTCA) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:  
**16.34 - Procedure to obtain change, correction or updating of identification records.**  
If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize (enter name of requesting agency) Nevada Board of Examiners for Long Term Care Administrators (BELTCA), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: Nevada Board of Examiners for Long Term Care Administrators (BELTCA)

Address: 3157 N. Rainbow Blvd. #313, Las Vegas, NV 89108

Agency representative: Lampert, Sandy  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**XI. HEALTH STATEMENT**

To the best of my knowledge:

- I am of good health and free from contagious disease.
- I do not suffer from any mental impairment that would affect my ability to perform the duties of an administrator.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**XII. RELEASE OF INFORMATION**

Having made application for licensure, I \_\_\_\_\_ hereby consent to have an investigation as to my moral character, professional reputation, education, experience and other qualifications for licensure as a Residential/Nursing Facility Administrator in the State of Nevada.

I authorize the State of Nevada and its State Board of Examiners for Long Term Care Administrators or their agents or representatives to acquire from any source of information it may request concerning my professional, academic and character qualifications. This information may include, without limitation implied by enumeration, confidential reports, file records, documents and transcripts of any type of civil, criminal, disciplinary, or administrative action or proceedings.

I authorize and request every person, physician, firm, corporation, government agency, or other institution having control of any documents, records, or other information pertaining to me, to furnish such information and to allow review and copying of such information to and by the authorized persons herein.

From time to time, the Board receives requests for mailing lists. These requests generally come from entities that provide CEU courses, and sometimes from facilities in need of an Administrator. Facility information is provided including the name of the administrator. Please indicate below if you would like your personal information (address, phone number and email address) provided on these lists.

I would like my personal information provided for mailing lists: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that I am aware of the laws and regulations regarding the licensure of Residential/Nursing Facility Administrators in the State of Nevada.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSURE IS MANDATORY IN THE STATE OF NEVADA.**

**YOU MAY NOT PRACTICE AS A RESIDENTIAL OR NURSING FACILITY ADMINISTRATOR  
UNTIL YOU HAVE FILED AN APPLICATION AND HAVE BEEN GRANTED A  
LICENSE IN THE STATE OF NEVADA.**

You must sign this application. Read the following carefully before you sign. A false statement on any part of your application may be grounds for not licensing you, or for denial or revocation of your license. Also, you may be punished by fine or imprisonment (US Code, Title 18, Section 1001):

- \* I understand that any information I give may be investigated as allowed by law or Presidential order.
- \* I consent to the release of information about my ability and fitness for licensure as a Residential/Nursing Facility Administrator by employers, schools, law enforcement agencies, other organizations, and other authorized individuals.
- \* I certify that I will uphold the rules and regulations relative to the responsibilities of an Administrator for Long-Term Care Facilities as required by the State of Nevada.
- \* I understand that the requirements for licensure must be completed within a 1-year time limit, or forfeit all fees and training.
- \* I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

RESIDENTIAL FACILITY ADMINISTRATOR  
60 HOUR INTRODUCTORY COURSE SELECTION

The first 60 hours of the Introductory Course for Residential Facility Administrators which covers the 5 domains of practice is currently available by Hard Copy Manual or On-Line, and can be obtained by any of the following approved providers:

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Easy CEUs  
Institute for Professional Care Education  
8470 SE Sunnybrook Blvd.  
Suite 300  
Clackamas, Oregon 97015  
Toll free: 877-843-8374  
Direct: 503-406-2453

Assisted Living Administrator Certification (On Line)  
Assisted Living Administrator Certification plus Hard Copy

Visit <http://easyceu.com/certifications>  
Search Assisted Living Administrator Certification or  
Assisted Living Administrator Certification Plus Hard Copy  
Using Promo Code: BELTCA34NV

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Senior Living University  
830 Cherry Drive  
Hershey, Pennsylvania 17033  
Toll free: 800-258-7030  
Direct: 703-938-3300

Management Library for Executive Directors  
(Administrator Level 1 – BELTCA Edition)

Visit <http://www.seniorlivingu.com/>  
Search Management Library for Executive Directors (Administrator Level 1 – BELTCA Edition)  
Using Promo Code: BELTCA 60

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**Please note: Costs vary by provider and are not included as part of the application fee.**

**FEES**

All initial fees paid by Cashier's Check, Money Order or Credit Card only.  
Personal checks will not be accepted.

<b>NFA (NAB Exam required) . . . . .</b>	<b>\$ 645.00</b>
<b>NFA (Reciprocity, NAB Exam not required) . . .</b>	<b>\$ 620.00</b>
<b>RFA (Payment in full with application) . . . . .</b>	<b>\$ 2,300.00</b>
<b>RFA (Installment payments) . . . . .</b>	<b>\$ 2,500.00</b>

*Installment Payments are due as follows:*

**\$1,000.00 submitted with application**  
**\$1,000.00 prior to AIT**  
**\$500.00 prior to the issuance of a license**

*Licenses cannot be issued until all fees are paid in full.*



We now accept MasterCard, Visa and Discover.  
For payment by Credit Card, complete and attach a Credit Card Authorization Form (See Forms – Other).