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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

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:

HEALTH SERVICES EXECUTIVE _____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 HSE/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 _____

III. ONLY NURSING FACILITY ADMINISTRATOR APPLICANTS MUST COMPLETE THE FOLLOWING

Have you completed at least 1,000 or 1,200 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. Since attaining the age of 18 years:

   a. Have you **ever** been charged with a felony, gross misdemeanor or misdemeanor? Yes ☐ No ☐ Initial ___
   You must answer "Yes" even if the charges were dropped or dismissed.

   b. Have you **ever** been placed on probation? Yes ☐ No ____ Initial ___

   c. Have you **ever** been granted deferred adjudication or pretrial diversion? Yes ☐ No ____ Initial ___

   d. Have you **ever** had records sealed or expunged? Yes ☐ Initial ___

   e. Have you **ever** been advised by an attorney that you do not have to list a conviction? Yes ☐ No ☐ Initial ___

PLEASE NOTE: FAILURE TO DISCLOSE OR PROVIDING FALSE INFORMATIONION WILL RESULT IN THE DENIAL OF YOUR APPLICATION.

If you have any question as to how to respond to the above, 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.

University/College/ High School/Other	Location	Month & Year Attended	Degree Diploma/Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

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: _____

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? _____

_____

_____

_____

Are your the spouse/surviving spouse of a member of the Armed Forces/Veteran? _____

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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: _____ Height:_____
(Last, First, Middle)
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: HSE– 654.130 NFA - 654.150 RFA - 654.155

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.

Registration payment has been confirmed.

Fingerprint Agency Stamp

_____

Fingerprint Representative Signature

_____

TCN#: _____

Date: _____

Nevada Department of Public Safety

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 you 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, detainments, 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 HEALTH SERVICES EXECUTIVE, 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 the following approved provider:

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: Cost is 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.

HSE . . . . . $ 550.00

NFA (NAB Exam required) . . . . . $ 645.00

NFA (Reciprocity, NAB Exam not required) . . . $ 620.00

RFA (Payment in full with application) . . . . . $ 2,300.00

RFA (Installment payments) . . . . . $ 2,500.00

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).