



DIVISION OF PUBLIC HEALTH - Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-4918  
 rita.watson@nebraska.gov

ATTACHMENT A

**APPLICATION TO BEGIN  
 A TRAINING PROGRAM  
 NURSING HOME ADMINISTRATION**

**Please check type of application below:**

- Administrator-in-Training
- Mentoring Program

**FEE: \$50.00**

**SECTION A – PERSONAL INFORMATION**

1	Name:	First:	Middle/Initial:	Last:
2	Address:	Street/PO/Apt/Route:		
		City	State	Zip Code
3	Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#
		<input type="checkbox"/> Alien Registration Number ("A#"); or		A#
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:		I-94 #
		If you have both a SSN and an A# or I-94 number, you must report both.		
Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is NOT public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
5	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)	

**SECTION B – PRECEPTOR/FACILITY INFORMATION**

1	Name of Preceptor:	First:	Middle/Initial:	Last:
2	Preceptor #:			
3	Name of Facility where Training will Occur:			
4	Address of Nursing Home:	Street/PO/Apt/Route:		
		City:	State:	Zip Code:
5	Telephone # (Optional):			

**SECTION C – DATES OF TRAINING**

1	Proposed Starting and Ending Date of Training	Start:	End:
2	Number of Hours of Training per Day		
3	Number of Hours Trained per Week		

**SECTION D – CONVICTION AND LICENSURE INFORMATION** (All applicants must complete this section)  
**Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to probation.**

You are required to list all misdemeanor/felony convictions, regardless of when they occurred. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest that you contact the court in the county where you were ticketed or arrested.

The following provides just a small **sampling** of some of the misdemeanor convictions; this is not an exclusive list (intended as examples), there are many more not listed here:

<ul style="list-style-type: none"> <li>• MIP</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Tobacco Use by Minor</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault</li> <li>• Disorderly Conduct</li> <li>• Disorderly House</li> <li>• Reckless Driving</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering</li> <li>• Bad Check</li> <li>• Fireworks</li> </ul>
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Convictions are also delineated in Neb. Rev. Stat. Chapter 28

**NOTE:** If you have any criminal charges or license disciplinary actions pending that results in a conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days of the decision at: <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

**Conviction Information:**

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 3 of application).

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

**Licensure Information:** The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
2	Are you licensed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

**SECTION E - INFORMATION RELATING TO THE APPLICANT'S DEGREE.**

➔ **SUBMIT** an official transcript verifying degree and course work (if applicable) completed to date; mark appropriate information below:

<input type="checkbox"/> Transcript attached:	<input type="checkbox"/> Transcript forwarded separately:	Last Name on Transcript:
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List below (where indicated) the University or College Name, the date of graduation, degree, and major.

<input checked="" type="checkbox"/> Check below the Degree Earned	Name of College or University	Date of Graduation	Major
<input type="checkbox"/> Associate Degree			
<input type="checkbox"/> Degree or Advanced Degree <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			
<input type="checkbox"/> Degree or Advanced Degree in Health Care, Health Care Administration or Services <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			
<input type="checkbox"/> Nursing Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			

**SECTION F – WORK EXPERIENCE**

**ONLY APPLICANT'S WITH THE FOLLOWING DEGREE'S AND SPECIFIED WORK EXPERIENCE MUST COMPLETE THIS SECTION:**

1.	Baccalaureate, Master's or Doctorate degree from an accredited institution in Health Care, Health Care Administration or Services if the applicant has at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm;
	<input type="checkbox"/> Administrator of a Hospital with a Long-Term Care Unit
	<input type="checkbox"/> Administrator of an Assisted-Living Facility
2.	Degree or Diploma in Nursing if the applicant has at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm;
	<input type="checkbox"/> Director of Nursing of a Hospital with a Long-Term Care Unit
	<input type="checkbox"/> Director of Nursing of an Assisted-Living Facility
3.	Associate Degree with at least 2 years working full time in a nursing home or home for the aged or infirm or previous work experience in health care administration.
	<input type="checkbox"/> Title of position in nursing home/home for the aged or infirm _____

**WORK EXPERIENCE:**

1.	Name of Facility where experience gained:			
2.	Address:	Street/PO/Route:		
		City:	State:	Zip Code:
3.	Telephone # (Optional):			
4.	Dates of Experience:	From:	To:	

**WORK EXPERIENCE:**

1.	Name of Facility where experience gained:			
2.	Address:	Street/PO/Route:		
		City:	State:	Zip Code:
3.	Telephone # (Optional):			
4.	Dates of Experience:	From:	To:	

► Official Verification of Employment as indicated above, must be submitted – examples are: a letter from the Corporate Office, the Facility Board of Director's, Personnel Office, Supervisor, or other similar documentation.

**SECTION G – EDUCATIONAL CONTENT AREAS - ALL APPLICANTS MUST COMPLETE THIS SECTION EXCEPT THOSE WITH THE FOLLOWING TYPES OF DEGREES and EXPERIENCE:**

1. Baccalaureate, Master's or Doctorate degree from an accredited institution in Health Care, Health Care Administration or Services if the applicant has at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm; OR
2. Degree or Diploma in Nursing if the applicant has at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm

**You must have completed at least 3 hours in each of the educational areas identified below may be gained by obtaining academic hours or continuing education hours or a combination of both academic and continuing education**

**FORMULA FOR CALCULATING HOURS:**

Continuing Education:           10 continuing education hours           = 1 coursework hour  
Semester hours:                 1 semester hour                                 = 1 coursework hour  
Quarter hours:                 1.5 quarter hours                                 = 1 coursework hour

ATTACH an official course description for each course listed below					
Educational Content Area		Course Number	Course Title	Name of University or College Hours Earned	Hours Earned
Area 1: Patient Care and Services. Must include coursework in at least 1 of the following areas:					
a	Aging	i	Geriatrics/Gerontology		
b	Nutrition	j	Medical Terminology		
c	Environmental Health and Safety	k	Health Care Delivery Systems		
d	Ancillary Health Services	l	Therapeutic Recreation		
e	Nursing	m	End of Live Care		
f	Pharmacology	n	Food Management		
g	Developmental Disabilities	o	*75 hour Nurse Aide Training		
h	Disease Process		Course will meet this area		
Area 2: Social Services. Must include coursework in at least 1 of the following areas:					
a	Spirituality	f	Social Services (Medicaid/Medicare)		
b	Social Gerontology (i.e.: theories of aging/social aspects of aging/multi-cultural issues)	g	Developments in Aging		
		h	Social Work		
		i	Mental Health		
d	Therapeutic Recreation	j	Death and Dying		
e	Psychology (psychological aspects of aging)	k	Case Management		
		l	Sociology		

Educational Content Area		Course Number	Course Title	Name of University or College Hours Earned	Hours Earned
<b>Area 3: Financial Management.</b> Must include coursework in at least 1 of the following areas:					
a	Financial Planning	d	Business Management		
b	Accounting (Payroll, AR, Taxes, HP, general ledger)	e	Office Management		
		f	Management		
c	Statistics	g	Medicare/Medicaid		
<b>Area 4: Administration.</b> Must include coursework in at least 1 of the following areas:					
a	Management/Organizational Theory	e	Communication Skills		
		f	Leadership Skills		
b	Strategic/Financial Planning	g	Purchasing/Inventory Control		
c	TQM/CQI	h	Law Courses (i.e.: Public Administration, Business Law)		
d	Personnel/Human Resources/Labor Relations				
<b>Area 5: Rules, Regulations &amp; Standards Relating to the Operation of a Health Care Facility.</b> Must include coursework in at least 1 of the following areas:					
a	Health Care Administration	e	OSHA/OBRA/ANSI Standards		
b	Labor Laws	f	Life/Safety Code		
c	Nursing Home Administrator Regulations	g	Medicare/Medicaid Issues		
		h	ADA-FMLA, NFPA-FSES		
d	Nursing Facility Standards	i	Ethics/Law		

**SECTION H – PRACTICE PRIOR TO CREDENTIAL**

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	I have practiced or trained as a nursing home administrator in Nebraska before submitting the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business: _____
		City: _____
		Telephone #: _____

**SECTION I - ATTESTATION**

**Lawful Presence in the United States Attestation:** For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

*Please check the appropriate box below:*

- I am a citizen of the United States; or
- An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

**Alien or Non-immigrant Status:** If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

Your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

**Application Attestation:** I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

DIVISION OF PUBLIC HEALTH - Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-4918  
 Rita.watson@nebraska.gov

**AGREEMENT BETWEEN A PRECEPTOR  
 AND ADMINISTRATOR-IN-TRAINING OR MENTORING TRAINEE**  
 (Print or Type)

(This Form must be completed by the certified NHA Preceptor and signed by the Preceptor and Trainee)

**Please check type of application below:**

- Administrator-in-training
- Mentoring Program

To the Board of Nursing Home Administration, State of Nebraska:

I hereby state that I have entered into an agreement to provide an adequate Administrator-in-Training Program or Mentoring

Program as indicated above, to \_\_\_\_\_ (trainee name), which will consist of at least

**640** hours of training and experience, and will be gained in not less than **4** months (and gained in not less than **20** hours per week),

and will follow the guidelines established in the monthly report forms.

PRECEPTOR <b>MUST COMPLETE THIS SECTION:</b>	TRAINEE <b>MUST COMPLETE THIS SECTION:</b>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Legal Signature of Preceptor	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Legal Signature of Trainee
Date: _____	Date: _____
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____

FORWARD THIS COMPLETED FORM TO:

Licensure Unit  
 P.O. Box 94986  
 Lincoln, Nebraska 68509-4986

State of Nebraska  
 Department of Health and Human Services  
 DIVISION OF PUBLIC HEALTH – Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-4918  
[Rita.watson@nebraska.gov](mailto:Rita.watson@nebraska.gov)

This form must be completed by the state licensing board in each state for which the applicant is licensed. **(Print or Type)**

**CERTIFICATION OF A LICENSE**

Our records indicate that \_\_\_\_\_ (Applicant's Name)  
 was licensed or certified as a \_\_\_\_\_ (Licensure Title)  
 on \_\_\_\_\_ (Date of licensure);  
 and expires \_\_\_\_\_ (Date of Expiration).

It is further verified that based on the records in this department the applicant's license has:

- (a) been suspended                      Yes     No
- (b) been revoked                        Yes     No
- (c) had other disciplinary action    Yes     No

If yes to any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_

- (d) has been maintained in good standing up to and including the present date:  
 Yes     No   
 If no, expiration date \_\_\_\_\_

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

\_\_\_\_\_  
 Name and Title

\_\_\_\_\_  
 Licensing Agency

**OPTIONAL**

( ) \_\_\_\_\_  
 Area Code    Telephone Number

\_\_\_\_\_  
 Address

S E A L

\_\_\_\_\_  
 City/State/Zip Code

\_\_\_\_\_  
 Signature (No stamp)

**ADMINISTRATOR-IN-TRAINING PROGRAM AND MENTORING PROGRAM QUALIFICATIONS:** Individuals applying for an initial license as a Nursing Home Administrator who must complete an administrator-in-training program or mentoring program, must complete such under the supervision of a certified preceptor.

1. **Age and Good Character:** Be at least 19 years old and of good character;
2. **Citizenship/Resident Information:** A credential may only be issued to a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
3. **Education:** Applicants must have completed at least 50% of the required core areas specified in regulations 172 NAC 106-002, section 17 and identified on this application in Section G.

**EDUCATIONAL REQUIREMENTS:**

To assist you in determining if you qualify for licensure, below find the degree or diploma you currently hold. This, along with the corresponding experience, will determine whether you are required to have the specified coursework and whether you are required to complete an administrator-in-training or mentoring program or no additional training.

Degree:	Experience:	Coursework Required:	Training Required:
<b>1. Associate degree</b> (no specific area of concentration)	Less than 2 years of experience working in a nursing home OR no experience working in a nursing home	<ul style="list-style-type: none"> <li>• Patient Care &amp; Services</li> <li>• Social Services</li> <li>• Financial Management</li> <li>• Administration</li> <li>• Rules, Regulations &amp; Standards relating to the operation of a Health Care Facility</li> </ul>	Administrator-in-Training Program
<b>2. Associate degree</b> (no specific area of concentration)	Previous work experience (at least 2 years working full time in a nursing home or home for the aged or infirm or previous work experience in health care administration)	<ul style="list-style-type: none"> <li>• Patient Care &amp; Services</li> <li>• Social Services</li> <li>• Financial Management</li> <li>• Administration</li> <li>• Rules, Regulations &amp; Standards relating to the operation of a Health Care Facility</li> </ul>	Mentoring program
<b>3. Degree or Advanced Degree</b> (no specific area of concentration)  (baccalaureate, master's or doctorate degree from an accredited institution)	Less than 2 years of experience working in a nursing home OR no experience working in a nursing home	<ul style="list-style-type: none"> <li>• Patient Care &amp; Services</li> <li>• Social Services</li> <li>• Financial Management</li> <li>• Administration</li> <li>• Rules, Regulations &amp; Standards relating to the operation of a Health Care Facility</li> </ul>	Mentoring program
<b>4. Degree or Advanced Degree in Health Care</b>  (baccalaureate, master's or doctorate degree from an accredited institution in health care, health care administration or services)	Previous work experience in health care administration (at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm)	NOT REQUIRED IF HAVE THE APPROPRIATE WORK EXPERIENCE	NOT REQUIRED IF HAVE THE APPROPRIATE WORK EXPERIENCE
<b>5. Nursing Degree</b>  (degree or diploma in nursing from an accredited program of professional nursing approved by the Board of Nursing)	Previous work experience in health care administration (at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm)	NOT REQUIRED IF HAVE THE APPROPRIATE WORK EXPERIENCE	Mentoring program

**DOCUMENTATION:** In order for your application to be considered complete, all applicants **MUST** also submit a copy of the following documents:

1.  Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2.  Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
  - (a) A U.S. Passport (unexpired or expired);
  - (b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (Hospital issued birth certificates cannot be accepted);
  - (c) An American Indian Card (I-872);
  - (d) A Certificate of Naturalization (N-550 or N-570);
  - (e) A Certificate of Citizenship (N-560 or N-561);
  - (f) Certification of Report of Birth (DS-1350);
  - (g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - (h) Certification of Birth Abroad (FS-545 or DS-1350);
  - (i) A United States Citizen Identification Card (I-197 or I-179);
  - (j) A Northern Mariana Card (I-873);
  - (k) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
  - (l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (m) A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Documents is **NOT** acceptable;  
or
  - (n) A Form I-94 (Arrival-Departure Record);
3.  Education: You must have submitted an official school/college/university transcript;
4.  Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
  - (a) A copy of the court record, which includes charges and disposition;
  - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
  - (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
  - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5.  Other Credentialing Info: If you hold/have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit a certification of your license (Attachment A2);
6.  Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition; and
7.  AIT/Mentoring Agreement: You must submit Attachment A1
8.  Fee: The required fee on page 1 of this application

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.