

APA-1
07/04

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 620 Department or Agency Alabama Board of Examiners of Nursing Home Administrators
Rule No. Appendix A - Form 3
Rule Title: Application for License as a Nursing Home Administrator

 New XXX Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full Compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer *Patricia B. Magdon*

Date *4/16/10*

DATE FILED
(STAMP)

**Alabama Board of Examiners of Nursing Home Administrators
4156 Carmichael Road
Montgomery, Alabama 36106**

NOTICE OF INTENDED ACTION

The Alabama Board of Examiners of Nursing Home Administrators intends to adopt amendments to its existing rules and regulations as follows:

<u>Rule No. & Title:</u>	620-X-5-.03	Application for Examination
	620-X-6-.01	Continuing Education Programs of Study
	620-X-7-.01	Licenses
	620-X-14-.01	Effective Date
	Appendix A Form 3	Application for License as a Nursing Home Administrator
	Appendix A Form 4	Application for Renewal of NHA License

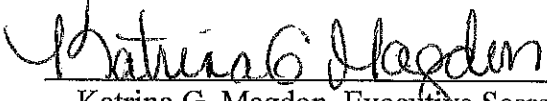
Intended Action: The Alabama Board of Examiners of Nursing Home Administrators proposes to amend the following rules: 620-X-5-.03, 620-X-6-.01, 620-X-7-.01, 620-X-14-.01, Appendix A – Form 3, and Appendix A – Form 4.

Substance of Proposed Action: We are proposing to add that an applicant must take the examination within one year of approval by the Board. The Board is proposing to increase the number of allowed long distance continuing education allowed from 6 hours to 9 hours. The Board is also making it the responsibility of the licensee to keep the Board updated on current contact address information. The Board will also change the effective date of the rules. The Board is adding the requirement for a valid driver's license to the nursing home application as well as an email address and changing the home number to cell number for contact information. The Board is changing the requirement for a social security number to only the last four digits and changing the home number to cell number for contact information on the license renewal form.

Time, Place, manner of Presenting Views: Interested persons may present their views orally or in writing to the executive Secretary of the Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama 36106. Requests for copies of the proposed amendments should be addressed to Katrina G. Magdon, Executive Secretary (334) 271-2342 or can be viewed on the Board web site at www.alboenha.state.al.us.

Final Date for Comment and Completion of Notice: Deadline for comments is June 3, 2016.

Contact Person at Agency: Katrina G. Magdon, Executive Secretary, Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama, 36106, (334) 271-2342, kmagdon@anha.org.


Katrina G. Magdon, Executive Secretary

State of Alabama Board of Examiners of Nursing Home Administrators
4156 Carmichael Road
Montgomery, Alabama 36106
(334) 271-2342

Application for License as a Nursing Home Administrator

Please print clearly or type all answers. If there is no sufficient space, use additional sheets and number accordingly. Your completed employment verification, copy of facility institutional license, photograph, organizational chart, three character references, a copy of your college degree, copy of current driver's license, and the required fee (see fee schedule), made payable to the AL BOE of Nursing Home Administrators, must be submitted with this application. ***Your application will not be considered complete and therefore will not be reviewed unless all of the above have been received.***

I hereby make application for a Regular License as a Nursing Home Administrator in the State of Alabama.

Date: _____

1. Name: _____ Email _____
(Last) (First) (Middle) (Maiden)

2. Home Address: _____
(Street) (City) (State) (Zip)

3. Business Address: _____
(Street) (City) (State) (Zip)

4. Telephone Number: (Home Cell) _____ (Business) _____

5. Date of Birth: _____ Place of Birth: _____
(Month) (Day) (Year)

6. Are you a citizen of the United States? Yes No Country _____

7. Social Security Number: _____

8. Education: (a) Please circle the highest grade completed: 6 7 8 9 10 11 12

(b) Did you graduate? Yes No Date of Graduation _____

(c) Name of High School _____

Address: _____
(Street) (City) (State) (Zip)

(d) Name of College or University _____

Address _____

(e) Degree _____

(f) Major undergraduate subjects: _____

(g) Major graduate university subjects: _____

(h) Other educational training: Name _____

Address: _____
(Street) (City) (State) (Zip)

Dates attended: From _____ To _____

Certificate Received: Yes No

Subjects: _____

9. Employment history for the past 15 years, include military experience, if any. ***Please list most recent experience first.***

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

10. Membership in Professional Societies and Nursing Home Associations:

<u>Name</u>	<u>Date of Membership</u>	<u>Offices Held</u>	<u>Active or Inactive</u>
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11. Professional Certificates and/or licenses held. (Include such items as fellowships in American College of Hospital Administrators and American College of Health Care Administrators, MD, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each certificate or license you hold or have ever held).

Type of certificate or license	Name of State or other authority	Year of Original issue	Year of Latest issue	Current or Latest registration number
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12. Attach a **recent** (within 3 months) finished unmounted photograph. Type or print you name of the back of the photograph.

13. Have you ever been convicted of a felony? Yes No

14. Have you ever been treated for illness caused by excessive use of alcohol or narcotics? Yes No

15. In what type of nursing facility are you currently employed? _____

16. Attach a copy of the current license issued to the facility you are now affiliated with.

17. Have you **applied** for licensure by examination in any state or states for license as a nursing home administrator? Yes No State(s) _____

18. Have you ever had a certificate or other professional license revoked or suspended?
Yes No If yes, attach an explanation, relevant documents and a description of the current status.

19. Are you currently registered as a nursing home administrator in any other state?
Yes No If yes, please have the applicable State Licensure Board complete the enclosed reciprocity questionnaire. A questionnaire must be filled out for each state in which you hold or have held a nursing home administrators license.

20. Applicant must furnish references from three (3) individuals who are in a position to provide information in regard to your good moral character. These should be mailed by

the individuals directly to the Board of Examiners. Please list below the names and addresses of who the three references will be from:

(1) Name _____ Business or Occupation _____

Address: _____
(Street) (City) (State) (Zip)

(2) Name _____ Business or Occupation _____

Address: _____
(Street) (City) (State) (Zip)

(3) Name _____ Business or Occupation _____

Address: _____
(Street) (City) (State) (Zip)

Affidavit of Applicant

_____, on oath, do promise and swear that, if my application is accepted, and I should be granted a license to practice as a Nursing Home Administrator in the State of Alabama, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that, if I should fail to keep the above agreement or if I have made any false statements in this application, my license may be suspended or revoked by the Board at any time.

I further state that all the statements are made by me in this application are true and correct.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, _____.

My Commission Expires _____

Notary Public

STATE OF _____)
COUNTY OF _____)

EMPLOYMENT VERIFICATION AFFIDAVIT

Before me, the undersigned Notary Public in and for said County, in said State, personally appeared _____, who is known to me and who, being duly sworn on oath deposes and says: The affiant is _____ of _____

(Title - owner, co-owner, officer, director, etc.)

_____ and is personally acquainted with _____
(Nursing facility)

_____, who is an applicant for a license as a nursing home administrator under the rules governing nursing home administrators licensed under the laws of the State of Alabama, and that applicant has been employed by the nursing facility from _____ to _____.
(Date) (Date)

That applicant has good moral character and reputation where he/she resides, and enjoys the confidence and respect of the general public. His/Her duties are summarized as follows with dates indicated where appropriate to reflect major duty changes or changes in responsibility: _____

Affiants Signature

Sworn to and subscribed before me
this _____ day of _____, _____.

Notary Public _____ My Commission Expires _____

County of _____

State of _____

Author: Linda U. Jordan, Chairman

Statutory Authority: Code of Ala. 1975, §34-20-5.

History: December 31, 1992. Filed: **Amended:** August 31, 1993. **Amended:** Filed January 16, 2001; effective February 20, 2001. **Amended:** Filed April 6, 2016.