

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
Rule Title: Form 4
 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 6/15/11

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-2-.01	Definitions
	620-X-5-.07	Administrator-in-Training
	620-X-14-.01	Effective Date
	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-2-.01, 620-X-5.07, 620-X-14-.01, and Appendix A – Form 4.

Substance of Proposed Action: We are proposing to add the definition of “Accredited College or University”, clarify that the Board may approve a preceptor to precept a member of his/her immediate family and to replace the social security number with an e-mail address on the renewal form. The Board will also change the effective date of the rules.

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 August 4, 2011.

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.


Katrina G. Magdon, Executive Secretary

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

Application for Renewal of NHA License

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NHA License # Social Security # E-mail address Date

In accordance with Act No. 986, Regular Session, 1969, I hereby make application for renewal of my license as a nursing home administrator with the Alabama Board of Examiners of Nursing Home Administrators.

NAME: (Title) (Last) (First) (Middle)

ADDRESS: (Street) (City)

(State) (Zip Code) Please give current home address

NAME OF FACILITY OR BUSINESS:

TELEPHONE: (Home) (Business)

During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

No Yes If yes, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses:

License: (Title) (Number) (State); (Title) (Number) (State)

Not Applicable

Affidavit of Applicant

I hereby certify that the (total hours) continuing education hours listed on this application are true and correct to the best of my knowledge and belief.

In witness whereof, I set my hand and seal this day of

(Signature of Applicant)

Sworn to and Subscribed before me this day of

(Notary Public)

My Commission Expires County of State of

Author: Pam Penland, Chairman

Statutory Authority: Code of Alabama 1975, §34-20-1.

History: Amended: January 16, 2001, effective February 20, 2001; Amended: Filed June 15, 2011.