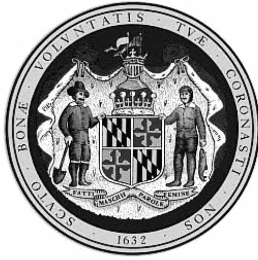

Maryland Board of Examiners of
Nursing Home Administrators
4201 Patterson Avenue
Baltimore, MD 21215-2299
Telephone: (410) 764-4750, FAX (410) 358-9187
E-mail: andrea.hill@maryland.gov
ciaraj.lee1@maryland.gov
Web: health.maryland.gov/bonha

Application for Administrator-In-Training Program

1. A non-refundable application fee of $100 is due at the time of submitting the completed application. The check or money order should be made payable to "BENHA".

2. At the time of submitting application, have successfully completed a baccalaureate degree, which must be documented at the beginning of the training program; or meet the requirements as outlined in §9-302(2)(e). If the degree is not in health care administration, during the training program, applicant will be required to complete a Board-approved 100-hour for Nursing Home Administrators to supplement baccalaureate or masters degree.

3. Include with your application and supporting documentation the executed AIT course outline, which is part of the **Guidelines for the Administrator-In-Training Program**.

4. Written verification from former and present employers to be attached stating dates of employment, and areas of responsibility in health care related fields only for the past five years.

5. Attach copy of diploma or official transcript received from most recent school. If requesting a waiver of the 100-hour course requirement, submit transcripts in health care administration field for review.

6. Two character reference letters (must be original letters) from individuals engaged in either business or professional work that shall certify to the good moral character of the applicant. Character reference letters shall exclude those from current employers or members of the applicant's family.

7. Copy of any health occupational license or certificate.

8. One current passport type photograph or other nonfading type photo.

9. Certificate of health signed by a licensed physician, physician's assistant or nurse practitioner and reflecting the date of the examination.

Please note: an application shall be void if an applicant fails to meet all of the requirements for licensure within two years of receipt of the application by the Board. To pursue licensure after that time, the applicant shall submit a new application and fee, and shall meet the requirements for licensure that are in force at the time of reapplication.

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Web: health.maryland.gov/bonha

Application for Administrator-In-Training Program

SECTION 1: APPLICATION CHECKOFF - You are required to remit the following:

	Application Fee of $100 Payable to BENHA		Certificate of Health
	Education Documentation		Two Letters of Recommendation
	Experience Documentation		Passport Type Photo
	NAB Examination Score (If Applicable)		Verification of Out-of-State Licensure (If Applicable)
	AIT Outline and Preceptor Contract		Application Notarized

SECTION 2: PERSONAL INFORMATION

Name (Last, First, Middle Initial)[1]	
Maiden Name (If Applicable)	
Home Street Address	
Home City, State, Zip	
Home Telephone	
Work Telephone	
Cell Phone (Optional)	
Email Address (Optional)	
Social Security Number[2]	
Date of Birth	
Print name exactly as you wish it to appear on license	

SECTION 3: TRAINING INFORMATION

Proposed Nursing Facility	
Nursing Facility Street Address	
Nursing Facility City, State, Zip	
Nursing Facility Telephone	
Number of Beds	
Name of Preceptor	
Proposed Starting Date	

[1] If your name has changed since you obtained a previously issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change.

[2] **HB 935 (Chapter 203) – Tax Clearance for License Renewals -** Requires verification that an applicant has paid all undisputed taxes and unemployment insurance contributions (or has provided for payment satisfactory to the tax administrator) before a license or permit may be renewed. The law affects the renewal of licenses or permits for business occupations and professions, regulated industries, natural resources, environment, and health occupations as well as other licenses granted by the Comptroller's Office. Effective July 1, 2003.

SECTION 4: GENDER AND RACE/ETHNICITY

To further its commitment to equal opportunity, the Board of Examiners of Nursing Home Administrators requests applicants to provide, ***voluntarily,*** the following information. This information will be used for statistical purposes only by authorized personnel:

GENDER: Male ☐ Female ☐

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes ____ No ____ (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ____ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

2. ____ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

3. ____ Black or African American (A person having origins in any of the black racial groups of Africa.)

4. ____ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

5. ____ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

SECTION 5: EDUCATION

A Baccalaureate Degree is the minimum educational requirement (Annotated Code of Maryland, Health Occupations Article, Title 9, §9-302). If the baccalaureate or masters degree is in a field other than health care administration from an accredited college or university, you must also complete a minimum of 100 hours in a course of study in health care administration approved by the Board. Please attach copies of official transcripts from schools or photocopies of diplomas.

University	Field of Study	Degree	Date Awarded

100-Hour Course for Nursing Home Administrators: ________________________________

SECTION 6: CHARACTER AND FITNESS

Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers **MUST** be explained in detail in a separate **SIGNED** and **NOTARIZED** affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

Question	Answer
1. Have you ever had any application for any professional license refused or denied by any licensing authority?	Yes ❑ No ❑
2. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training?	Yes ❑ No ❑
3. Have you ever surrendered a professional license?	Yes ❑ No ❑
4. Have you ever had any professional license suspended or revoked?	Yes ❑ No ❑
5. Have you ever been the subject of disciplinary action by any licensing agency with regard to any professional license?	Yes ❑ No ❑
6. To your knowledge have any unresolved or pending complaints ever been filed against you with any licensing agency, association, or licensed health care facility?	Yes ❑ No ❑
7. Has your employment or contract with any health care related entity or employer ever been terminated for disciplinary reasons?	Yes ❑ No ❑
8. Have you ever resigned from employment or from a contract with any health care related entity or employer for any disciplinary related reasons or while under investigation for disciplinary related reasons?	Yes ❑ No ❑
9. Have you ever pled guilty or nolo contendere, been convicted of, or received probation before judgment for any criminal offense (excluding minor traffic violations)? If "Yes", in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.	Yes ❑ No ❑
10. Are there any current or pending criminal charges against you in any court of law?	Yes ❑ No ❑
11. Have you ever been arrested or charged with a criminal offense excluding a minor traffic violation?	Yes ❑ No ❑
12. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	Yes ❑ No ❑
13. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions in the practice of a nursing home administrator, including disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition?	Yes ❑ No ❑
14. Have you ever been named as a defendant to a civil suit related to your profession?	Yes ❑ No ❑
15. Have you ever been court martialed or discharged other than honorably from the armed service?	Yes ❑ No ❑

SECTION 7: VETERANS, ACTIVE DUTY MILITARY, AND SPOUSES:

Question	Answer
Are you an active service member or the spouse of an active service member?	Yes ❑ No ❑
Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application?	Yes ❑ No ❑

CHECKLIST FOR SERVICE MEMBERS, VETERANS OR MILITARY SPOUSES

	Item
	Attach a copy of your out-of-state nursing home administrator license
	Proof that you are a service member, veteran or military spouse
	If you are a service member or veteran, proof that you are assigned to a duty station in Maryland or have established legal residence in Maryland
	If you are a military spouse, proof that your spouse is assigned to a duty station in Maryland or has established legal residence in Maryland.

Veterans Full Employment Act of 2013 – Summary

I. Veterans and Service Members – Credit for Professional and Occupational Licenses

- Requires licensing units to consider an individual's relevant military experience when calculating the individual's years of practice in an occupation or profession.
- Requires licensing units to give an individual credit for relevant military training and education when determining whether an individual meets training and education requirements for state licensure.
- These measures will facilitate the process by which service members and veterans receive licensure credit for relevant military education, training, and experience, thereby eliminating some of the regulatory hurdles that individuals face when transitioning from military service to the civilian workforce.
- The bill's license credentialing provisions cover:
  1. the occupational & professional boards in the Department of Labor, Licensing, and Regulation;
  2. the health occupations boards in the Department of Health and Mental Hygiene; and
  3. the MD Institute for Emergency Medical Services Systems (licenses EMS providers).

II. Veterans and Service Members – Academic Credit

- Requires each public institution of higher education in the State to adopt and implement policies governing the awarding of academic credit for an individual's military training, coursework, and education.
- These measures will reduce the time to degree as well as the cost of earning a degree or certificate, and will make it easier for veterans to acquire the academic credentials they need to remain competitive in the civilian work force.

III. Military Spouses, Veterans, and Service Members – License Portability

- Requires licensing units in the State to expedite licensing for military spouses, service members, and recently-discharged veterans.
- These measures will allow working members of military households to get back to work in a shorter period of time, thereby reducing the financial burden on military families that relocate to Maryland.
- The expedited licensure provisions apply to:
  1. educator/teacher certificates issued by the Maryland State Department of Education;
  2. licenses issued by the occupational & professional boards in the Department of Labor, Licensing, and Regulation; and
  3. licenses issued by the health occupations boards in the Department of Health and Mental Hygiene.

SECTION 8: LICENSURE AND HISTORY INFORMATION

If you have taken the NAB or PES examination in another state, please provide documentation of scores, date of examination and state of administration.

Do you now hold, or have you in the past, held a professional license(s), i.e., Nursing Home Administrator, Social Worker, or Registered Nurse, etc.? If yes, list the following information here:

1. State	
License Number/Expiration Date	
2. State	
License Number/Expiration Date	

If you hold licenses in *other* professions, please attach a copy of all current license renewal certificates.

If applicable, send a copy of the Verification of Out-of-State Licensure Status form to ***all*** state licensing boards where you are now, or ever have been licensed as a Nursing Home Administrator. (To avoid delays, please contact all licensing boards first to inquire if there is a fee for verification).

SECTION 9: WORK HISTORY

Provide information about your present (or most recent) job and then work backward. Written verification in health care related fields from former and present employers should be attached stating dates of employment, and areas of responsibility only for the past five years. Attach additional pages if needed.

Most Recent Employment:

Name of Business/Institution	
Street Address	
City, State, Zip	
Telephone Number	
Your Job Title	
Name and Title of Supervisor	
Dates of Employment	
Description of Duties Performed:	

Next Most Recent Employment:

Name of Business/Institution	
Street Address	
City, State, Zip	
Telephone Number	
Your Job Title	
Name and Title of Supervisor	
Dates of Employment	
Description of Duties Performed:	

Next Most Recent Employment:

Name of Business/Institution	
Street Address	
City, State, Zip	
Telephone Number	
Your Job Title	
Name and Title of Supervisor	
Dates of Employment	
Description of Duties Performed:	

Next Most Recent Employment:

Name of Business/Institution	
Street Address	
City, State, Zip	
Telephone Number	
Your Job Title	
Name and Title of Supervisor	
Dates of Employment	
Description of Duties Performed:	

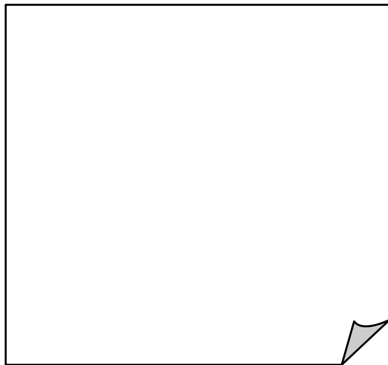
SECTION 10: AFFIDAVIT OF APPLICANT

I authorize the Maryland Board of Examiners of Nursing Home Administrators to investigate any area it deems necessary. Should I furnish any false information on the application, I hereby agree that such an act shall constitute cause for the denial of my application for licensure or the suspension or revocation of my license. I agree that it is my duty as the applicant to provide supplemental information to the Board if there is any material change after submission of the application. I agree that no liability attends to the Board for its use of this material so long as it relates to licensure.

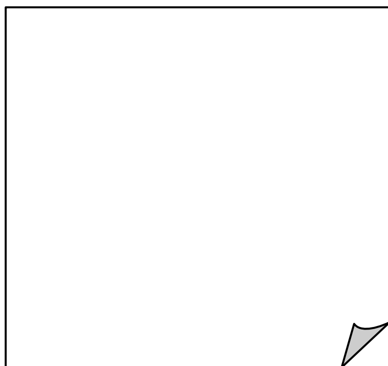
______________________________________ __________________________________

Signature of Applicant   Date

One Recent Passport Type Photograph



Notary Seal



AFFIDAVIT:

STATE OF: ___________________________________

COUNTY OF: _________________________________

Before the undersigned, a Notary Public in and for the County and State aforesaid on this ___day of ___________ ________, 20_______, personally appeared _____________ (applicant) who, being first duly sworn, says he/she is the person referred to in, and who signed the foregoing application; that the facts and statements therein contained are true, to the best of his/her knowledge and belief.

____

Notary Public

My commission expires:

__________________________________, 20_________

CRIMINAL HISTORY CHECK REQUIRED

Per § 9-302.1 of the Annotated Code of Maryland, you must undergo a criminal history records check in order to be granted a Nursing Home Administrator License by the Board. Until the Board Office receives notification of your criminal history records check, you will not be able to receive your license. **Please have your criminal history records check completed by the application deadline that corresponds to your intended Credentials Committee Meeting date.**

When you are preparing to have your criminal background check processed, please e-mail our Deputy Director/Licensing Coordinator, Andrea Hill, at **andrea.hill@maryland.gov** or Executive Director, Ciara J. Lee, at **ciaraj.lee1@maryland.gov** to request the Board's authorization number and its "Originating Agency Identifier" number ("ORI" number). **You will need these two numbers to proceed with your background check being processed.** The Department of Public Safety and Correctional Services website (which contains a detailed list of various processing locations throughout the state) is as follows: http://dpscs.maryland.gov/publicservs/fingerprint.shtml

For your convenience, the Criminal History Livescan Pre-Registration Application will be available on the Board's website at the "Forms" section under Quick Links for you to print out to take with you for processing.

CRIMINAL HISTORY CHECKS FOR OUT OF STATE APPLICANTS

1. You may write CJIS-Central Repository P.O. Box 32708, Pikesville, Maryland 21282-2708, or call the Central Repository in Baltimore City at 410-764-4501 or toll free number 1-888-795-0011 to request a fingerprint card.
2. You may mail the fingerprint card and associated fee to CJIS-Central Repository P.O. Box 32708 Pikesville Maryland 21282-2708, or overnight the fingerprint card to 6776 Reisterstown Road, Suite 102, Baltimore Maryland 21215.
3. **Please include a check made out to "CJIS Central Repository". Only checks are accepted from out of state applicants.**

You may expect a response in 10 - 15 business days.

Maryland State Board of Examiners of Nursing Home Administrators

Certification of Health for Nursing Home Administrator or Administrator-In-Training

Certification is required of all persons upon application with the Board of Examiners of Nursing Home Administrators for the Administrator-In-Training program, or for licensure by endorsement.

To be completed by the Applicant:

Name: ____

Address: ____

To be completed by Licensed Physician, Physician's Assistant or Nurse Practitioner:

Appropriate Immunizations	Current? Yes	No	Any Immunization Recommendations
Td (tetanus), Hep. B, MMR, etc.			

By my signature below, I certify that the above named person does not have any communicable disease, including tuberculosis that poses a significant risk of transmission in a nursing facility, or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

____

____

Date: ____________ ______________________________

Licensed Physician, Physician's Assistant or Nurse Practitioner (Type or Print)

Signature: ______________________________

License/Registration #: __________ State* Granting License/Registration: __________

*For initial application of an out-of-state applicant, the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.

TEST CONFIDENTIALITY AND ATTESTATION

At the appropriate time, the Maryland Board of Examiners of Nursing Home Administrators will approve you to sit for the National Association of Long Term Care Administrator Boards' Nursing Home Administrator (NAB NHA) Examination and/or the Maryland State's Standards Examination.

The NAB NHA Examination as well as the Maryland State's Standards Examination contains confidential information. Since some of the material contained on these examinations is used on future administrations of the examinations, you are hereby cautioned that you must not comment to other applicants, potential applicants, or any other person regarding the contents of these examinations.

Please read, sign and send this form back to us at the following address:

Maryland Board of Examiners of
Nursing Home Administrators
4201 Patterson Avenue
Baltimore, MD 21215-2299

You will not be permitted to sit for the examination until this signed document is returned to the Board.

I agree to not compromise or attempt to compromise the NAB NHA or the Maryland State's Standards Examination by disclosing any information, questions or answers on these examinations. Prohibited activities which might compromise these examinations include, but are not limited to:

- Reproducing or assisting another by any means to reproduce or attempt to reproduce any portion of the examination, by any means including electronic transmission or memorization;
- Having any person (whether paid or unpaid) take the examination on your behalf;
- Engaging in face-to-face, written or electronic discussions, including blogs, listservs, chat rooms, email or any social media application, concerning the content of the examination for personal, commercial or any other reasons;
- Selling, distributing, buying, receiving or having unauthorized possession of any portion of the examination, specifically any questions or answers.

With my signature below, I understand that failure to observe the confidentiality of the NAB NHA Examination or the Maryland State's Standards Examination may result in disciplinary action by the Board as outlined in the Annotated code of Maryland, Health Occupations Article Title 9, §9-314.

______________________________________ ______________________________

Name (Printed) Date

____

Signature