

IDAHO STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063
Phone: 208-334-3233, Fax: 208-334-3945
E-mail – nha@ibol.idaho.gov; Web site – www.ibol.idaho.gov

APPLICATION FOR NURSING HOME ADMINISTRATOR DESIGNEE

INSTRUCTIONS

The following application consists of an instruction page and four pages which require responses. Please complete the entire application by providing all of the requested information. Your signature, and the signature of the licensed administrator providing consultation, must be notarized. Submit the completed form to the address noted below. The Board will consider only those applications that are properly completed.

Please read all questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information must be provided. Failure to provide a complete application will result in its return to you. All returned checks are subject to a \$20.00 fee.

You must provide evidence satisfactory to the board of each of the following:

1. Good moral character, including the reference of 3 persons other than relatives;
2. Certify that you have not been found guilty or convicted of a felony;
3. Provide proof of being at least twenty-one (21) years of age – a copy of your birth certificate, passport, military ID, or valid driver's license is acceptable;
4. Having obtained a bachelors degree from an approved college or university or 2 years of satisfactory practical experience in nursing home or health care facility for each year of the required post high school education.
5. A signed agreement with a currently licensed nursing home administrator to provide consultation to you during the entire period of your service as a designee.

APPLICATION FEE

\$200.00

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APPLICATION ADDENDUM

A. RELATED WORK EXPERIENCE: List your work experience including employers' names, addresses, phone numbers and dates of experience.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ **PHONE NO.** _____

DATES OF EXPERIENCE FROM: _____ **TO:** _____

NARRATIVE OUTLINING SCOPE OF DUTIES

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ **PHONE NO.** _____

DATES OF EXPERIENCE FROM: _____ **TO:** _____

NARRATIVE OUTLINING SCOPE OF DUTIES

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ **PHONE NO.** _____

DATES OF EXPERIENCE FROM: _____ **TO:** _____

NARRATIVE OUTLINING SCOPE OF DUTIES

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ **PHONE NO.** _____

DATES OF EXPERIENCE FROM: _____ **TO:** _____

NARRATIVE OUTLINING SCOPE OF DUTIES

(If more space is needed, attach a separate sheet of paper)

(continued)

APPLICATION FOR NURSING HOME ADMINISTRATOR DESIGNEE

APPLICATION ADDENDUM

(continued)

B. PHOTOGRAPH: Please attach an original passport style photograph of yourself below.

ATTACH PHOTOGRAPH HERE

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES

AUTHORIZATION

I hereby certify that I maintain a current Nursing Home Administrator license and have agreed to act as a consultant to assist the applicant named on this application in the administration of the named facility. I understand that the named applicant will be serving as an Administrator Designee and is not licensed as a Nursing Home Administrator in Idaho. I further certify that I have reviewed and will comply with all Idaho Laws and Rules governing the practice of Nursing Home Administration.

Print Name of Consultant License number

Current Place of Business

Daytime phone _(____)_____ Fax _(____)_____ E-mail _____

Signature of Consultant

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

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DESIGNEE PROFESSIONAL EXPERIENCE REFERENCE

APPLICANT: The Idaho Board of Examiners of Nursing Home Administrators requires a designee applicant to include three (3) references from individuals who can provide evidence of good moral character. (Please note, you will need to duplicate this form.)

1. Applicant Name: _____

REFERENCE: Please complete this form and return it directly to the address noted above. Please provide all information requested. Incomplete information will delay the processing of the applicant’s file. (Please type or print.)

1. Your name: _____

2. How long have you known the candidate? _____

3. Please describe your relationship with the candidate: (check all appropriate boxes)

Colleague Teacher Supervisor Personal acquaintance Other _____

4. If you are or were ever an employer, supervisor, or colleague of the candidate, please list the dates of that relationship:

From _____ To _____, AND the candidate’s title/position _____, AND
MM/DD/YY MM/DD/YY
 the name of the organization _____

5. Please indicate your knowledge of the candidate’s:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Personality	_____	_____	_____

6. Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is a credit to the profession of Nursing Home Administrators? Yes No
 (If No, please explain on a separate sheet)

7. Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as a Nursing Home Administrator? Yes No
 If Yes, please explain: _____

 Signature of person completing reference form

 Date

 Phone Number