

IDAHO 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

INSTRUCTIONS FOR ADMINISTRATOR-IN-TRAINING APPLICATION

Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above. 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 the documentation be submitted directly to the Board office. 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, application fee, and initial license fee must be provided. The application fees are **not refundable**. Send your application and fees to the address listed above with a check or money order made out to IBOL. Applications with credit cards and exact cash can be taken in person at the Bureau’s Office. All returned checks are subject to a \$20 fee.

ADMINISTRATOR-IN-TRAINING APPLICATION:

Applicants for administrator-in-training must provide:

1. A completed and notarized application including the \$200 application and \$100 AIT fee (\$300 total);
2. Proof of age – a copy of your birth certificate, passport, military ID, or valid driver’s license is acceptable;
3. Preceptor agreement;
4. EVIDENCE OF EITHER
 - a. Successful completion of a course of study for a baccalaureate degree and of the receipt of such degree from an accredited institution of higher learning;

OR

- b. Two (2) years of satisfactory practical experience in management in a health care facility for each year of required post high school education.

AND

5. Open Book Examination

Upon completion of the AIT program, applicants should submit the application for exam with the \$200 application and \$200 original license fee. The Board will review applications to determine eligibility to take the exam.

**IDAHO STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS
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APPLICATION FOR NURSING HOME ADMINISTRATOR-IN-TRAINING

1. **Full Name (Mr., Mrs., or Ms.)** _____
 2. **Address of Record** _____
 (The above address is public record) Street City State Zip
 3. **Mailing Address** _____
 (Will be used as address of record if none provided above) Street/PO Box City State Zip
 4. **Date of Birth** _____ **Place of Birth** _____ **Social Security No.** _____
 mm-dd-yyyy
- (Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)**
5. **Business phone** _____ **Other** _____ **E-mail** _____
 (The above phone number is public record) (The above phone number & e-mail is NOT public record)
 6. **Attained Baccalaureate degree from** _____ **on** _____ **Majoring in** _____
 (Official university/college transcripts must be received by this office directly from the school registrar.)
 7. **Attained Masters' degree from** _____ **on** _____ **Majoring in** _____
 (Official university/college transcripts must be received by this office directly from the school registrar.)
 8. **List the title of the Masters' degree program** _____
 9. **Do you have practical experience in a licensed health care facility?** () Yes () No
 (If Yes, please list that experience on the Addendum.)
 10. **Are you currently or have you ever been licensed to practice in any state, country, etc.?** () Yes () No

 (If Yes, please list the state(s) above and certified documentation must be received directly from each issuing authority by this office.)
 11. **Have you ever had any license, or registration revoked, suspended or otherwise sanctioned?** () Yes () No
 (If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)
 12. **Have you ever been convicted of any felony or of any offense involving moral turpitude?** () Yes () No
 (If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

Complete and attach the entire APPLICATION ADDENDUM.

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

	HEIGHT _____
	WEIGHT _____
ATTACH PHOTOGRAPH HERE	EYE COLOR _____
	HAIR COLOR _____

AFFIDAVIT

Upon oath I certify that: (1) I am the applicant named in and who has signed this application; (2) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (3) I have read and will conform to the laws, rules and ethical requirements governing the profession for which I am seeking a license or authority to practice; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any laws, rules or ethical requirements governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (7) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (8) every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Signature of Applicant

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

(seal)

Notary Public Official Signature
My Commission Expires _____

APPLICATION FOR NURSING HOME ADMINISTRATOR-IN-TRAINING

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

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES

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

APPLICATION FOR NURSING HOME ADMINISTRATOR-IN-TRAINING
APPLICATION ADDENDUM

NURSING HOME ADMINISTRATOR-IN-TRAINING PROGRAM

PRECEPTOR AGREEMENT

Administrator-In-Training Name _____

Employing Facility _____

Facility Address _____
Street/PO Box City State Zip

Section 54-1610, Idaho Code: "Every applicant for a Nursing Home Administrator license who shall have otherwise qualified under provisions of section 54-1605 shall serve for a one (1) year period under the supervision of a duly licensed and registered Nursing Home Administrator in accordance with the rules of the Board. At the expiration of the one-year-in-training period, said applicant shall be eligible to take the examination."

Rule 400.05. Preceptor Certification.

- a. A nursing home administrator who serves as a preceptor for a nursing home AIT must be certified by the Board of Examiners of Nursing Home Administrators. The Board will certify an Idaho licensed nursing home administrator to be a preceptor who:
 - i. Is currently practicing as a nursing home administrator and who has practiced a minimum of two (2) consecutive years as a nursing home administrator; and
 - ii. Who successfully completes a six (6) clock hour preceptor orientation course approved by the Board.
- b. The orientation course will cover the philosophy, requirements and practical application of the nursing home AIT program and a review of the six (6) phases of nursing home administration as outlined in Rule 400.03.
- c. The preceptor must be re-certified by the Board every ten (10) years.

Preceptor _____ License # NHA-_____

Address _____
Street/PO Box City State Zip

PRECEPTOR AFFIDAVIT

I hereby swear or affirm that I have read and will comply with the laws and rules governing the Administrator-In-Training program in Idaho and that I agree to serve as preceptor for the above named Administrator-In-Training applicant.

Signature of Preceptor

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

(seal)

Notary Public Official Signature
My Commission Expires _____

**STATE EXAMINATION
BOARD OF NURSING HOME ADMINISTRATORS**

These questions are taken from the Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities in Idaho (IDAPA 16 Title 3 Chapter 2) and Long Term Care Provider Remedies in Idaho (IDAPA 16 title 3 Chapter 12). Each facility should have a copy. If not, you may obtain one from the Idaho State Department of Health & Welfare, Bureau of Facility Standards. Phone: (208) 334-6626.

You may also access the Idaho State Board of Examiners of Nursing Home Administrators homepage at <http://ibol.idaho.gov>. Click on the links Nursing Home Administrators and then to Licensure Law and Licensure Rules to review Idaho Statute and rules.

Please complete the following "Open Book Test (Examination)" and submit it with your application for Idaho licensure as a Nursing Home Administrator. Please print your name in the upper right corner of all examination pages. Answer all 50 questions. Failure to submit the examination will result in the license not being issued.

Print your name _____

OPEN BOOK EXAMINATION

1. Auxiliary personnel means:
 A – Volunteers. C – Consultants.
 B – Therapists. D – Nonlicensed workers to assist in nursing care.
2. A provisional license means a license which is granted to a facility for a period not to exceed:
 A – 1 month. C – 6 months.
 B – 3 months. D – 12 months.
3. Which of the following is not subject to public disclosure in a plan of correction from a facility for which deficiencies are noted?
 A – Patient names. C – The name of the facility.
 B – The name of the owner. D – The name of the administrator.
4. Which of the following cannot appoint a licensed nursing home administrator?
 A – Owner C – Governing body.
 B – Partnership D – Licensing board.
5. Under patients'/residents' rights, if a trust account is maintained for a patient, he or she has access to all records and reports:
 A – On a monthly basis. C – On an annual basis.
 B – On a quarterly basis. D – Upon request.
6. A history and physical examination shall be recorded within 48 hours after admission to the facility unless:
 A – The resident is covered under Medicare and/or Medicaid.
 B – The resident has been a previous patient in the facility during the past year.
 C – A physical examination has been completed within the past 30 days by the resident's personal family physician.
 D – The patient is accompanied by a record of a physical examination completed by a physician not more than 5 days prior to admission.
7. During each two hours in which mechanical restraints are employed, the patient shall be provided the opportunity for motion and exercise for a period of not less than:
 A – 5 minutes. C – 15 minutes.
 B – 10 minutes. D – 30 minutes.
8. Patients/residents shall not be transferred or discharged on the attending physician's orders without prior notification of the:
 A – Next of kin. C – Director of nurses.
 B – Medical director. D – Social service designee.
9. Immediate investigation of the cause of an incident or accident shall be instituted by the:
 A – Owners. C – State department.
 B – Administrator D – Board of Directors.

10. Personnel policies shall be developed and implemented and shall include all of the following following except:
 A – Orientation. C – Daily work schedules.
 B – Uniform rules. D – Continuing in-service training.
11. The facility shall provide a formalized on-going educational program for all personnel which shall commence upon employment and which shall include all of the following except:
 A – Ethics. C – Restorative care.
 B – Death and dying D – Organizational structure.
12. Fire and/or safety classes for all employees shall be made available on a/an:
 A – Monthly basis. C – Semiannual basis.
 B – Quarterly basis. D – Annual basis.
13. A basic written record of each fire drill shall be maintained and shall include at least all of the following except:
 A – A description of the drill. C – The recommendations for improvement.
 B – The date and time of the drill. D – The positions and signatures of employees participating.
14. A separate report of each fire incident occurring within the facility shall be submitted to the licensing agency:
 A – As soon as possible. C – Within 30 days.
 B – Within 15 days. D – Annually.
15. Ductwork for ventilation hoods shall be cleaned at least:
 A – Monthly. C – Semiannually.
 B – Quarterly. D – Annually.
16. A facility employee will check, date, and initial each tag on every fire extinguisher:
 A – Weekly. C – Quarterly.
 B – Monthly. D – Annually.
17. The dietitian shall accomplish all of the following except:
 A – Approve menus. C – Prescribe special diets.
 B – Review diet plans. D – Offer assistance and modify diets as needed.
18. Menus shall be prepared in advance for at least:
 A – 5 days. C – 15 days.
 B – 7 days. D – 30 days.
19. There shall be a supply of staple foods in storage for a minimum of:
 A – 2 days C – 7 days.
 B – 5 days. D – 10 days.
20. A current file of food purchase invoices shall be kept for at least the preceding:
 A – 30 days. C – 90 days.
 B – 60 days D – 120 days.
21. Each refrigerator shall be maintained at a maximum temperature of:
 A – 30 degrees F. C – 28 degrees F.
 B – 32 degrees F. D – 45 degrees F.
22. If drinking water is from a private supply, samples must be submitted to the district public laboratory at least once every:
 A – 1 month. C – 3 months.
 B – 2 months. D – 6 months.
23. Soiled linens can be transported through:
 A – Kitchens. C – Food Storage areas.
 B – Inside hallways. D – Patient/resident rooms.

24. Bedpans and urinals shall be sterilized or disinfected. One approved method is thoroughly cleansing the utensil and then submersing it in constantly boiling water for:
 A – 10 minutes. C – 30 minutes.
 B – 20 minutes. D – 60 minutes.
25. The location of an existing facility is controlled by all of the following criteria except that all be accessible to:
 A – Public utilities. C – A shopping center.
 B – Medical services. D – Physician services.
26. The maximum number of beds that can be housed in any multi-bed sleeping room shall be:
 A – Two. C – Six.
 B – Four. D – Eight.
27. Every patient/resident sleeping room shall be provided with a window which meets all of the following requirements except that it should:
 A – Be openable. C – Be made of safety glass.
 B – Have screening. D – Be provided with curtains.
28. The minimum amount of usable floor space per patient/resident in a private room shall not be less than:
 A – 60 square feet. C – 100 square feet.
 B – 80 square feet. D – 150 square feet.
29. The space required between a bed and the wall must be at least:
 A – 2 feet. C – 4 feet.
 B – 3 feet. D – 6 feet.
30. On each patient/resident floor or nursing unit there shall be at least one toilet for every:
 A – 4 licensed beds. C – 8 licensed beds.
 B – 6 licensed beds. D – 12 licensed beds.
31. It is necessary that the laundry processing rooms have commercial-type equipment with the Capability of processing a 7 days' need within:
 A – 5 days. C – 7-day work week.
 B – 5-day work week. D – A regularly scheduled work week.
32. General storage rooms shall have a total area of not less than:
 A – 6 square feet per bed. C – 12 square feet per bed.
 B – 10 square feet per bed. D – 20 square feet per bed.
33. Doors to the patient/resident toilet rooms needing access for wheelchairs shall have a minimum width of:
 A – 2'10" C – 3'6"
 B – 3'0" D – 3'8"
34. For normal comfort the design temperature for all occupied areas shall provide for minimum and Maximum temperatures of:
 A – 60 degrees F - 85 degrees F C – 68 degrees F - 80 degrees F
 B – 65 degrees F - 82 degrees F D – 70 degrees F - 76 degrees F
35. The area of the building requiring the air conditioning filters to have the least efficiency is:
 A – The kitchen. C – Administration.
 B – The Laundry. D – Resident treatment rooms.
36. The water at the resident's sink should be:
 A – 100 degrees F C – 165 degrees F
 B – 110 degrees F D – 180 degrees F
37. The water in the laundry department should be:
 A – 110 degrees F C – 165 degrees F
 B – 120 degrees F D – 180 degrees F

38. In corridors duplex receptacles for general use shall be installed approximately:
 A – 25 feet apart. C – 50 feet apart.
 B – 35 feet apart. D – 75 feet apart.
39. The amount of clean linen required per bed is:
 A – 2 changes. C – 4 changes.
 B – 3 changes. D – Adequate.
40. An infection control committee shall contain all of the following except:
 A – A pharmacist. C – Housekeeping personnel.
 B – Maintenance personnel. D – A Social service designee.
41. During the first 90 days, each skilled patient shall be seen by the attending physician at least:
 A – Once every 15 days. C – Once every 60 days.
 B – Once every 30 days. D – Once every 90 days.
42. The DNS shall have strictly nursing administrative duties if the facility has an occupancy rate of more than:
 A – 30 patients/residents C – 50 patients/residents
 B – 40 patients/residents D – 60 patients/residents
43. A patient or resident in mechanical restraint must be checked by the staff and a record of such checks be kept every:
 A – Thirty minutes. C – Ninety minutes.
 B – One hour. D – Two hours.
44. The results of a T.B. skin test shall be established for each patient/resident upon admission. If the status is not known upon admission, a T.B. skin test shall be done as soon as possible, but no longer than:
 A – 5 days after admission. C – 30 days after admission.
 B – 10 days after admission. D – 60 days after admission.
45. The pharmacist is responsible for reviewing the medication profile for each individual patient at least every:
 A – 30 days. C – 90 days.
 B – 60 days. D – 1 year.
46. All telephone orders must be countersigned by the ordering physician within:
 A – 24 hours. C – 72 hours.
 B – 48 hours. D – 7 days.
47. No medication shall be in the possession of the patient/resident unless specifically ordered by the Physician on the patient/resident's medical record, and in no case shall exceed:
 A – 2 units of dosage. C – 10 units of dosage.
 B – 4 units of dosage. D – 12 units of dosage.
48. All medications contained within the emergency medication supply are the property and responsibility of the:
 A – Facility. C – Medical director.
 B – Pharmacist. D – Director of nursing.
49. All medical records shall be preserved in a safe location protected from fire, theft, and water damage for a period of time not less than:
 A – 3 years. C – 7 years.
 B – 5 years. D – 10 years.
50. No patient/resident shall be considered as respite care when the stay at the facility is not for the Purpose of relief for other care givers or families and when the care exceeds a:
 A – 2-week period of time. C – 1-month period of time.
 B – 4-week period of time. D – 60-day period of time.