Nursing Home Administrator License Application Packet

Contents:

1. 661-030 .... Contents List/SSN Information/ Mailing Information ..... 1 page
2. 661-204 .... Application Instructions Checklist ..... 2 pages
3 661-022 .... License Requirements ..... 5 pages
4. 661-020 .... Nursing Home Administrator License Application ..... 5 pages
5. 661-212 .... Administrator-In-Training Preceptor Letter ..... 1 page
5. RCW/WAC and Online Website Links ..... 1 page

Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. 42 U.S.C. § 666(a)(13); RCW 26.23.150. It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the Declaration of No Social Security Number Form. Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Board of Nursing Home Administrators
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

☐ **Application Fee**. This fee is non-refundable. You can check the online **fee page** for current fees.

☐ **Select if the following applies:**
Spouse or Registered Domestic Partner of Military Personnel

☐ **1. Demographic Information:**
Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the Declaration of No Social Security Number Form. Please call the Customer Service Center at 360-236-4700 if you do not have one.

National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See **WAC 246-12-310**.

Phone, Fax, and Cell Numbers: Enter your phone, fax, and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See **WAC 246-12-300**.

☐ **2. Personal Data Questions:**
All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

☐ **3. Education:**
List in date order your educational preparation and post-graduate training. Attach additional page if you need more space.

☐ **4. Experience:**
List in date order all of your professional experience and practice from date of graduation from professional college. Attach additional pages if you need more space.

☐ **5. Other License, Certification, or Registration:**
List all states, including Washington, where credentials are or were held. Attach additional completed pages if you need more space. You must also print the Verification Form and provide it to each state or jurisdiction that you have listed, requesting that they complete and submit the form directly to the Department of Health.

☐ **6. Applicant’s Attestation:**
You must sign and date this for us to process the application.

For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse’s or registered domestic partner’s military transfer orders to Washington State.
- One of the following:
  - A copy of your marriage certificate to show proof of marriage; or
  - A copy of a state’s declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

License Requirements

Requirements for All Applicants:

The following are requirements for all applicants, including applicants for Administrator-in-Training Requirement, Endorsement, Administrator-in-Training Exemption or Temporary Permits. There are more requirements for each type of credential. Be sure that you are familiar with those requirements as well. (See below.)

- ☐ Return completed application, along with the application fee.
- ☐ Official Transcripts that show you completed the requirements for a baccalaureate degree and show program completion date. The transcripts must come directly from your college or university to the Department of Health.
- ☐ Out-of-state Credential Verification Form. We must receive verification of your license and disciplinary action directly from each state in which you hold or have held a health care credential. We accept electronic verification in place of the form, when available.

AIT Requirements:

Becoming licensed through the administrator-in-training Program includes many steps. There are things you will need before you complete the application process, some that will take place during the AIT, and others once you complete the AIT process. Please review the **Administrator-in-Training Process Overview** *before beginning this process.*

In order to process your request you must provide the following:

- ☐ Requirements for "All Applicants" above.
- ☐ Preceptor letter form sent directly from the preceptor.
- ☐ For applicants who believe they meet the requirements for and wish to request a **reduced program**, submit a request for the reduced program, including an outline of your education and experience that meet the requirements. Please also submit a copy of the job description(s) that qualify you for the reduced hour program.
- ☐ For applicants who are taking an AIT program in a facility of less than fifty beds, submit a plan to broaden the AIT experience with an equal percentage of experience in a larger facility.

Once you have been approved for an AIT program, specifying the number of hours, you will be sent a Proposed AIT Program Form:

- ☐ Complete the Proposed AIT Program form with your preceptor and return. See WAC 246-843-090 for the requirements of the AIT program. It is acceptable to visit other facilities as part of an AIT program. If you plan to work a portion of your AIT at another facility, please be sure to include this as part of your AIT plan.
- ☐ Complete and return the Project Report Proposal Form. Be sure to include all requested information.

Once all documentation above has been received, you will be sent a letter stating that your AIT program is approved and indicating a start date. Do not start before you receive this letter. During the AIT program, submit the following:

☐ Final Project Report sent by the date set forth on your approval letter.

Your approval letter will give you the end date of the AIT program. As your AIT program concludes, the Department of health program manager will contact you to schedule a site visit with a member of the Board of Nursing Home Administrators.

☐ Once your AIT program is complete, apply to the National Association of Long Term Care Administrators Board (NAB) for examination. You must pass the NAB examination before a license can be issued. Information about the NAB examination is located on their Web site at **www.nabweb.org**.

NAB will receive approval for you to take the examination directly from the Department of Health and will submit scores directly to the Department of Health.

Endorsement (Reciprocity) Requirements:

Administrators licensed in another state may qualify for licensure through endorsement if the other state has requirements substantially equivalent to the requirements in Washington State. Please see the page entitled "License through Endorsement" to see if your state is considered to be substantially equivalent.

In order to process your request you must provide the following:

☐ Requirements for "All Applicants" above, except for submitting official transcripts.

AIT Exemption Requirements:

Candidates, including administrators licensed in another state who do not meet endorsement requirements, may qualify for licensure through AIT Exemption if they meet requirements in **WAC 246-843-093**.

In order to process your request you must provide the following:

☐ Requirements for "All Applicants" above.

☐ Documentation showing that you meet the qualifications in WAC 246-843-093.

☐ Verification of passing the NAB examination. This verification must come directly from NAB. If you were licensed prior to 1986, the Department will accept verification of the examination offered by professional examination services (PES) either from NAB or directly from the state where you were licensed.

Temporary Practice Permit Requirements:

There are two types of temporary practice permits. The first type of temporary practice permit is for applicants seeking permanent licensure who meet endorsement requirements and have submitted all required documentation but are still waiting for a fingerprint background check. The other type is for applicants seeking interim placement at a specific facility for six months or less. This practice permit can be issued only one time per WAC 246-843-231.

Applicants seeking permanent licensure: In order to process your request for a temporary practice permit for applicants seeking permanent licensure, you must meet the requirements in WAC 246-12-050 and provide the following:

- ☐ First, submit all documentation required for an endorsement application, including application and fees. (See above.)
- ☐ Once notified that a fingerprint background check is needed, submit an application for the temporary practice permit, along with the fee for the temporary practice permit.

Applicants seeking interim placement: In order to process your request for a temporary practice permit for applicants seeking interim placement, you must provide the following:

- ☐ Return completed application, along with the application fee.
- ☐ For applicants who are applying based on meeting an exemption to the AIT requirements in WAC 246-843-093, include an outline of your education and experience that meet the requirements. Please also submit a copy of the job description(s) that qualify you for the reduced hour program. If the exemption requires graduation from a specific type of program, transcripts sent directly from the program may be required.
- ☐ A written agreement for consultation with a Washington State licensed nursing home administrator.

Limited License:

In addition to the above licenses, Washington State offers a limited license allowing for a limited extent of authority to administer institutions conducted by and for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination. This credential is issued to individual's demonstrating membership in such church or denomination. The applicant employed by such institution is not required to demonstrate proficiency in any medical techniques or to meet any medical educational qualifications or medical standards not in accord with the remedial care and treatment provided in such institutions. Please contact us directly if you wish to apply for the limited license.

Notice to All Applicants: Reference WAC 246-843-130(4)

Within 180 days of initial licensure, nursing home administrators are required to attend a course on laws relating to nursing homes in Washington State. Contact the Department of Social and Health Services (DSHS) at 360.725.2592 to register. For more information, visit the DSHS Aging and Adult Services Administration professional site at: https://www.dshs.wa.gov/altsa/training/continuing-education-opportunity-licensed-nursing-home-administrators.

The Washington Health Care Association (WHCA) also offers an online course, which can be found here.

Other Information:

You will be mailed a letter regarding the deficiencies of your application if the application is incomplete.

- The application is considered incomplete if requested information is left blank. Write N/A or place a line through the section instead of leaving blank.
- The initial license will expire on your birthday, unless the initial license is issued within 90 days of your birthday. See **WAC 246-12-020(3)**.
- Licenses must be renewed every year on your birthday as provided in chapter **246-12 WAC, Part 2**.

Continuing Education Requirements:

Nursing home administrators must complete thirty-six hours of continuing education every two years.

The required continuing education must be obtained during the period between renewals. For more information on the continuing education requirement, please see **WAC 246-843-150** and **246-12 WAC, Part 7**.

License Through Endorsement

Washington state may issue credentials to applicants with credentials in another state based upon the other state's qualifications. The other state's licensing standards must be substantially equivalent to Washington state's licensing qualifications. View the list on our website.

To qualify:

- applicant must come from a state that has been deemed substantially equivalent (see list below), and
- has not been subject to disciplinary action.

This list is effective January 2025 and subject to change. Although you may not qualify by endorsement, you may qualify by Administrator-in-Training exemption or other means. Please contact us at (360) 236-4700.

Washington State Department of HEALTH

Date Stamp Here

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Nursing Home Administrator License Application

You must check one of the following:

☐ Administrator-in-Training (AIT) ☐ Endorsement (Reciprocity) ☐ Limited License
☐ AIT Exemption ☐ Temporary Permit

Select if the following applies: ☐ Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	**National Provider Identifier Number (NPI)** (Enter 10 digit number)	☐ Male ☐ Female ☐ Prefer Not to Answer ☐ X

Name First Middle Last

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)

Email address

Mailing address if different from above address of record

City	State	Zip Code	County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No

If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No

If yes, list name(s):

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation. ☐ ☐

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ☐ ☐

Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
   a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ ☐
   b. Diverted controlled substances or legend drugs? ☐ ☐
   c. Violated any drug law? ☐ ☐
   d. Prescribed controlled substances for yourself? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements? ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☐
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ ☐
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ ☐
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? ☐ ☐

3. Education

list in date order your educational preparation and post-graduate training. Attach additional pages if you need more space.

Name and address of institute, place of practice	Degree Earned	Attendance	
		Start mm/yyyy	End mm/yyyy

4. Experience

List in date order all of your professional experience since completion of post-graduate training. Exclude activities listed under other sections. Attach additional pages if you need more space.

Name of practice and location	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Type of experience or specialty

5. Other License, Certification, or Registration

List all states, including Washington, where credentials are or were held. Attach additional pages if you need more space.

State or territory	Certificate		Permanent or Temporary	License received		Currently in force
	Year	Number		Exam	Other	
						☐ No ☐ Yes
						☐ No ☐ Yes
						☐ No ☐ Yes
						☐ No ☐ Yes
						☐ No ☐ Yes

6. Applicant's Attestation

I, _____ , declare under penalty of perjury under the laws of
(Print applicant name clearly)
the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Date _____ By: _____
(mm/dd/yyyy) (Original Signature of applicant)

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Nursing Home Administrator Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Administrator-In-Training Preceptor Letter

Dear Board of Nursing Home Administrators,

I, _____ am a licensed Washington State nursing home administrator currently practicing in Washington state at _____ (facility name) _____. I have been practicing in Washington state for _____ years.

I would like to serve as a Preceptor for _____, who is applying for a Washington administrator-in-training program. I have reviewed WAC 246-843-095 and meet all of the criteria and expectations of this rule. I agree to perform the duties of the preceptor role as described in this rule.

Please reach out to me with any questions or concerns at _____.

Thank you,

Preceptor signature: _____ Date: _____

NHA license number: _____

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RCW/WAC and Online Website Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative Procedures and Requirements, WAC 246-12

Nursing Home Administrator Laws, RCW 18.52

Nursing Home Administrator Rules, WAC 246-843

Online

Board of Nursing Home Administrators, Web Page