

**MONTANA BOARD OF NURSING HOME ADMINISTRATORS**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA, MONTANA 59620-0513**  
**(406) 444-5711**  
**EMAIL: [dlibsdnha@mt.gov](mailto:dlibsdnha@mt.gov) WEBSITE: [www.nha.mt.gov](http://www.nha.mt.gov)**

ILLEGIBLE AND INCOMPLETE APPLICATION WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board has a completed routine application)

NURSING HOME ADMINISTRATORS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

**LICENSE REQUIREMENTS:**

- Must submit a completed application.
- Must submit the application fee(s).
- Must be of good moral character.
- Must have received a high school diploma or it's equivalent.
- Experience Requirements: Management, direct and/or indirect experience may be counted toward points to meet the minimum application points of 1200.
- Education Requirements: Training and/or college education may be counted toward points to meet the minimum application points of 1200.
- Must pass the National Association of Boards of Examiners for Nursing Home Administrators (NAB) examination.
- Must pass the Montana jurisprudence examination.
- Must hold a current valid license as a nursing home administrator if applying from another state.

**FEES**

**\$225.00 Application by Examination**

**\$500.00 Application by Credential (licensed in another state)**

**\$425.00 Temporary License Fee**

\*Make check or money order payable to the Board of Nursing Home Administrators. All fees are non-refundable.

**DOCUMENTS**

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 1/2"x11" copies of the following and submit with your application.

**APPLICANTS MUST SUBMIT THE FOLLOWING:**

1. A completed licensure application form.
2. The application fee(s). The check is to be made payable to the Montana Board of Nursing Home Administrators.
3. A copy of diploma or degree and official transcripts (if applicable).
4. A current resume.
5. Three letters of character reference. **All reference letters must be sent directly to the Board office from the reference source.** A form is attached for your use. The form may be copied as needed.
6. If the applicant is or has been previously licensed in any jurisdiction certification(s) of licensure from **ALL** states, which the applicant **is or has been licensed**. A form is included for obtaining the verification(s). The form may be copied as needed.
7. If the applicant has previously taken the NAB national examination in **any** jurisdiction, the test scores must be obtained from the state in which the examination was taken and be sent directly to the Board office.

**NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.**

### **ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE**

Complete and submit the professional training and experience form **and** the experience and education checklist form. Both forms are attached for your use. The forms may be copied as needed. In addition, submit supporting documentation of the education, training and experience listed on **each** of the forms. These forms provide a sufficient basis for the Board to evaluate the points earned by the applicant. A combination thereof totaling a minimum point-value of 1200 points must be obtained.

### **APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be processed and considered for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Non-routine applications may take up to 120 days to process. **All foreign applications are considered non-routine.**
- ◆ All verifications of licensure must be sent directly from each state board in which the application is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- ◆ The applicant must pass the Montana Jurisprudence Examination, which is an open book examination on the laws and rules pertaining to the licensure and regulation of a nursing home administrator **and** laws and rules pertaining to the Department of Public Health and Human Services licensure and regulation of facilities. This examination is intended to give the applicant the opportunity to demonstrate familiarity with the regulations of the facility **and** as a nursing home administrator. The code booklet is available from the Health Facilities Division at these websites: [http://leg.mt.gov/bills/mca\\_toc/50\\_5.htm](http://leg.mt.gov/bills/mca_toc/50_5.htm) for parts 1 and 2 and for the <http://www.mtrules.org/gateway/Subchapterhome.asp?scn=37%2E106.3> administrative rules, title 37, chapter 106, subchapter 3. The laws and rules for the nursing home administrator are available at this website: [www.nha.mt.gov](http://www.nha.mt.gov). You must obtain a final score of at least 90% on the Montana Jurisprudence Examination. In the event of failure, you may retake the examination by first submitting the \$75 exam fee to the Board of Nursing Home Administrators then another exam will be provided.
- ◆ The applicant must pass the National Association of Boards of Examiners for Nursing Home Administrators (NAB) examination. This examination is computer-based (taken on a computer). Study materials may be obtained from NAB at [www.nabweb.org](http://www.nabweb.org). Although Montana neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exams and that NAB receive the necessary registration and fees. To pass the licensing examination an applicant must attain a scaled score as determined by NAB. In the event of failure, the applicant may retake the examination by paying an examination fee to NAB. Upon approval of the license application, the applicant will be notified by the Board office to take this exam.
- ◆ Examination applicants are eligible for the issuance of a temporary license upon approval of the licensure application.

## **PROCESSING PROCEDURES**

- ◆ Once a routine application is complete, the application takes up to 14 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing by the Board office of any deficient or missing items from the application file.
- ◆ Please be sure the three individual references you listed on your application complete the reference questionnaire and return the form directly to the Board office as soon as possible in order to complete your application.
- ◆ Once a routine application is processed and approved a permanent license will be issued.

**For information with regard to the processing of this application or other concerns, please contact the Board of Nursing Home Administrators staff at (406) 444-5711 or email us at [dlibsdnha@mt.gov](mailto:dlibsdnha@mt.gov).**

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF NURSING HOME ADMINISTRATORS ON OUR WEBSITE:

[www.nha.mt.gov](http://www.nha.mt.gov)

**MONTANA BOARD OF NURSING HOME ADMINISTRATORS**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA, MONTANA 59620-0513**  
**(406) 444-5711**  
**EMAIL: [dlibsdnha@mt.gov](mailto:dlibsdnha@mt.gov) WEBSITE: [www.nha.mt.gov](http://www.nha.mt.gov)**

**Nursing Home Administrator Application by:**

**Examination**                      **Credential - Licensed in Another State**                      **Temporary Permit**  
 (Application Fee)

Allow 14 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME \_\_\_\_\_  
Last    First    Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. ORGANIZATION NAME \_\_\_\_\_

4. ORGANIZATION ADDRESS \_\_\_\_\_  
Street or PO Box #    City and State    Zip

5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box #    City and State    Zip

PREFERRED METHOD OF CONTACT

ORGANIZATION              HOME              EMAIL ADDRESS \_\_\_\_\_

6. ORGANIZATION PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

7. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_

8. DATE OF BIRTH \_\_\_\_\_ MALE                      FEMALE

9. List all professional licenses, registrations or certificates you hold or **ever** have held. Verification must be sent directly to Montana from each state /province/territory. Use a supplemental sheet if necessary.

State	License #	License Method	Requested State Verification	
			Yes	No
			Yes	No

- |  |     |    |
|--|-----|----|
| 10. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 11. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 12. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.   | Yes | No |
| 13. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 14. Is there a complaint or investigation currently pending against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 15. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  | Yes | No |
| 16. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18 <sup>th</sup> birthday unless you were tried as an adult. | Yes | No |
| 17. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.   | Yes | No |
| 18. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.   | Yes | No |

- |  |     |    |
|--|-----|----|
| 19. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.  | Yes | No |
| 20. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 21. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 22. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.                      | Yes | No |
| 23. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 24. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.   | Yes | No |
| 25. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.   | Yes | No |

1. **EDUCATION:**

Name of High School	City and State/Province/Territory	Dates Attended	Degree Earned

Name of University or College	Dates Attended	Credits/Degree Earned

2. **PRACTICE HISTORY:** List **all** places where you have practiced as a nursing home administrator in the last five years in chronological order, up to and including the present. Use a supplemental sheet if necessary.

Name and Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

3. **PROFESSIONAL & CHARACTER REFERENCES:** Please type or print names and addresses of three references, who have known you or associated with you for a minimum of one year.

Name	
Address	
Telephone Number	

Name	
Address	
Telephone Number	

Name	
Address	
Telephone Number	

## DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing Home Administrators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

---

Signature of Applicant

---

Date



**MONTANA BOARD OF NURSING HOME ADMINISTRATORS**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA, MONTANA 59620-0513**  
**(406) 444-5711**  
**EMAIL: [dlibsdnha@mt.gov](mailto:dlibsdnha@mt.gov) WEBSITE: [www.nha.mt.gov](http://www.nha.mt.gov)**

**VERIFICATION OF MORAL/PROFESSIONAL CHARACTER**

**APPLICANT:** Complete the upper portion of this form and mail to each of the character references you have listed in your application.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

(Please Type or Print)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

This verification sent to: \_\_\_\_\_

**CHARACTER REFERENCE:** Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Nursing Home Administrators. Your response will be kept confidential.

Name of reference: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/profession/position: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain:

Do you consider this applicant worthy of approval to practice as a nursing home administrator in Montana? Yes      No

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

The Applicant and the Board thank you for your assistance.

**VERIFICATION OF LICENSURE**

THIS IS NOT AN ENDORSEMENT CERTIFICATION

**PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A NURSING HOME ADMINISTRATOR. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.**

STATE BOARD: \_\_\_\_\_

I am applying for a license to practice as a nursing home administrator in the State of Montana and the Board of Nursing Home Administrators requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF NURSING HOME ADMINISTRATORS, PO BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (Please Print)

Address \_\_\_\_\_

My License Number is \_\_\_\_\_

**DO NOT DETACH** - - THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF NURSING HOME ADMINISTRATORS.

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_

Issue Date: \_\_\_\_\_

Licensed by Examination \_\_\_\_\_

Endorsement  
(List State) \_\_\_\_\_

Other  
(Please List) \_\_\_\_\_

License Status:

License is Current? Yes No If NO, explain \_\_\_\_\_

Active

Inactive

Other

Has License been suspended, revoked, on probation or otherwise disciplined?  
If YES, explain and attach documentation.

Yes

No

Has licensee ever been requested to appear before your Board?  
If YES, explain.

Yes

No

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

BOARD SEAL

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_

Date: \_\_\_\_\_

**MONTANA BOARD OF NURSING HOME ADMINISTRATORS**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA, MONTANA 59620-0513**  
**(406) 444-5711**

**EMAIL:** [dlibsdnha@mt.gov](mailto:dlibsdnha@mt.gov) **WEBSITE:** [www.nha.mt.gov](http://www.nha.mt.gov)

**PROFESSIONAL TRAINING AND EXPERIENCE**

Please complete this section. Your resume will not be accepted as a substitute. Start with present position and work back. Include only those positions you have held in the health care and management fields. (You may make copies of this form as needed.)

APPLICANT NAME \_\_\_\_\_

Name and Address of Employer		Name and Address of Employer	
Type of business or organization		Type of business or organization	
Name of Supervisor		Name of Supervisor	
Dates of Employment (From - To)		Dates of Employment (From - To)	
Detailed Description of Duties		Detailed Description of Duties	
Position Title		Position Title	

Number of employees under your supervision: \_\_\_\_\_

Full-time: \_\_\_\_\_

Part-time: \_\_\_\_\_

**MONTANA BOARD OF NURSING HOME ADMINISTRATORS**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA, MONTANA 59620-0513**  
**(406) 444-5711**

EMAIL: [dlibsdnha@mt.gov](mailto:dlibsdnha@mt.gov) WEBSITE: [www.nha.mt.gov](http://www.nha.mt.gov)

<b>EXPERIENCE AND EDUCATION CHECK LIST</b>	<b>POINTS</b>	<b>SCORE</b>
1. Management Experience with or without Supervision	200/yr	_____
2. Direct Services in Health Care Facilities	100/yr	_____
3. Support Services in Health Care Facilities	50/yr	_____

**Credit for experience in the above positions will be limited to the most recent seven years experience in points.**

**EDUCATION** In the case where multiple degrees have been attained, credit shall be given for one degree only according to the degree designated for credit by the license applicant.

**Graduate/Professional Degrees**

1. Masters or beyond in Health Care Administration	1200	_____
2. Masters or beyond in Business Administration	1200	_____
3. Masters or beyond in Nursing	1200	_____
4. Masters or beyond in Other Health Related	1200	_____

**Baccalaureate Degrees**

1. BS/BA in Health Care Administration	1200	_____
2. BS/BA in Business Administration	1200	_____
3. BS/BA in Nursing (or 3-year Diploma Nurse)	1200	_____
4. BS/BA in Other Health Related	1200	_____
5. BS/BA in any other fields	800	_____

**Associate Degrees**

1. Associate Degree in Health Care Administration	600	_____
2. Associate Degree in Business Administration	600	_____
3. Associate Degree in Nursing	600	_____
4. Associate Degree in Other Health Related	600	_____
5. Associate Degree in any other fields	400	_____

**College/University Course Work (No Degree earned-completed with a grade not less than "C") (20 points per credit hours.)**

1. Health Care Administration Courses	_____
2. Business Courses	_____
3. Other Health Care Courses	_____

**Seminars/Workshop/Short Courses (One (1) credit per clock hour)**

1. Health Care Administration (per approved clock hour)	_____
2. Business Administration (per approved clock hour)	_____
3. Other Health Care Content (per approved clock hour)	_____

**Administrator-in-Training Program**

1. Contents of the program can be submitted for the hours of training at one (1) point per clock hour.	_____
--	-------

**TOTAL POINTS:** \_\_\_\_\_

**MONTANA BOARD OF NURSING HOME ADMINISTRATORS**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA, MONTANA 59620-0513**  
**(406) 444-5711**  
**EMAIL: [dlibsdnha@mt.gov](mailto:dlibsdnha@mt.gov) WEBSITE: [www.nha.mt.gov](http://www.nha.mt.gov)**

**JURISPRUDENCE EXAMINATION**



This is an open book examination on the law and rules pertaining to the licensure and regulation of health care facilities of the Department of Public Health and Human Services and the laws and rules pertaining to the licensure and regulation of the nursing home administrator.

This examination is intended to give you the opportunity to demonstrate your familiarity with the regulations of the facility and as a nursing home administrator. The Montana Board of Nursing Home Administrators requires a score of at least a 90%.

---

LAST NAME

FIRST NAME

MIDDLE INITIAL

1. The person responsible for day-to-day operation of the facility may also be known as:
- a. Executive Director
  - b. President
  - c. Chief Executive Officer
  - d. Administrator
  - e. None of the above
2. A patient or resident may not be admitted or cared for in a health care facility addition or altered area until:
- a. The family of the patient or resident commits the family member
  - b. The facility is fully staffed
  - c. The facility is inspected and approved
  - d. All of the above
  - e. None of the above
3. The secured care unit within a long-term care facility must include:
- a. One on one support for residents
  - b. A secured, monitored smoking area
  - c. Electromagnetic locks
  - d. Observation beds
4. The minimum point-value required for admission to the examination is:
- a. 4000 verified points
  - b. 2000 verified points
  - c. 1500 verified points
  - d. 1200 verified points
5. A health care facility, excluding a hospital, has to keep a patient's or resident's medical records for how long following discharge or death?
- a. Six months
  - b. Seven years
  - c. As long as the family insists that the records be maintained
  - d. None of the above

6. Specify the correct amount of lighting required for the following areas:
- a. A minimum of \_\_\_\_\_ foot candles of light available in all rooms and hallways except:
  - b. reading lamps: minimum \_\_\_\_\_ foot candles of light
  - c. toilet/bathing areas: minimum of \_\_\_\_\_ foot candles of light
  - d. food preparation areas: minimum of \_\_\_\_\_ foot candles of light
  - e. hallways illuminated at all times: minimum of \_\_\_\_\_ foot candles of light
7. The Nursing Home Administrator renewal application is to be postmarked by:
- a. January 1st
  - b. July 1st
  - c. December 31st
  - d. April 15th
8. No more than \_\_\_\_\_ hours of college credits may be submitted for CE credit without prior approval of the board?
- a. 20
  - b. 10
  - c. 15
  - d. None of the above
9. At minimum employee files must include the following:
- a. Marital status of each employee
  - b. A photo of each employee
  - c. A list of any job related injuries
  - d. A copy of the professional licenses required to perform duties described in job description
10. Upon receipt of an application from a health care facility for a new license or renewal, the Department shall:
- a. Require 40 hours of training in patient care for all staff members
  - b. Inspect the facility to determine if the facility meets the minimum regulatory standards
  - c. Issue a license for periods of up to five years
  - d. All of the above.
  - e. None of the above
11. What written documents must be submitted to the Department prior to construction of a new health care facility?
- a. Schematic plans
  - b. Specifications supplementing the working drawings
  - c. Architectural, structural, mechanical, and electrical plans
  - d. All of the above
  - e. None of the above

12. Match the following references relevant to standards for construction of licensed health care facilities to their actual content area and specific constructions requirements:
- |  |  |
|--|--|
| _____ American National Standard Inst. | a. fire hazard protection              |
| _____ Life Safety Code 2000            | b. construction equipment requirements |
| _____ ARM 37.111.115                   | c. sewage system requirements          |
| _____ ARM 37.111.116                   | d. water system requirements           |
13. If a health care facility processes its laundry off-site, it must:
- a. use a laundry room with a mechanical washer and dryer
  - b. sort and store soiled and clean laundry in separate areas
  - c. both of the above
  - d. none of the above
14. The Board may subject the licensee to disciplinary action for violation of the following:
- a. use of fraudulent, misleading or deceptive advertising
  - b. cooperating with an authorized investigation of a complaint
  - c. exercising true regard for the safety, health and welfare of the resident
  - d. all of the above
  - e. none of the above
15. Who may submit a complaint against a nursing home administrator:
- a. another nursing home administrator
  - b. a member of the public
  - c. all of the above
  - d. none of the above
16. Who develops and enforces standards for individuals to receive a license as a nursing home administrator?
- a. The Governors' office
  - b. The Department of Health and Human Services
  - c. The Office of Consumer Protection
  - d. The Board of Nursing Home Administrators



17. A health care facility license may be suspended if:
- a. the staff is insufficient in number or unqualified
  - b. the facility does not have the financial ability to operate
  - c. health and safety of the residents are in jeopardy
  - d. all of the above
  - e. none of the above
18. A notice of violation:
- a. must specify the violation
  - b. may include an order to take necessary corrective action
  - c. must inform the violator of the right to a hearing
  - d. all of the above
  - e. none of the above
19. All plans and specifications submitted in preparation for physical alterations or additions to a health care facility must be certified by:
- a. the state fire marshal or designee
  - b. an architect licensed to practice in Montana
  - c. an officer having jurisdiction to determine if the building codes are met by the facility
  - d. the supervisor of the construction company who was awarded the bid
  - e. all of the above
20. To comply with state administrative rules; health care facilities must provide housekeeping services:
- a. on a bi-weekly basis
  - b. on a daily basis
  - c. on an as-needed basis, determined by the director of nursing services
  - d. at least every other day

21. Which of the following is true?
- a. a health care facility must have a disaster plan for man-caused or natural disasters
  - b. a health care facility's disaster plan must be approved by the local emergency services authorities
  - c. a copy of the health care facility's annual disaster drill report must be sent to the Department of Health and Environmental Sciences
  - d. a copy of the health care facility's annual disaster drill report must be approved by the Nursing Home Administrator Board
22. Which of the following item is not required on a completed license application form for health care facilities?
- a. the type of services to be provided in the facility
  - b. the type of residents for which care is to be provided
  - c. the number and training of employees
  - d. the name of the person responsible for supervision of the facility
23. A health care facility may be granted a provisional license for a period of less than one year if:
- a. the inspection cannot be completed in a timely manner due to a shortage in surveyor time
  - b. the demand for accommodations provided in the facility is not met in the community
  - c. the continued operation of the health care facility will not result in undue hazard to patients
  - d. b. or c.
  - e. all of the above

**PART TWO - TRUE OR FALSE**

	1.	The Department of Labor and Industry shall investigate complaints concerning practice by an unlicensed person of a profession or occupation for which a license is required.
	2.	Long-term care facility means a facility that provides skilled nursing care, nursing home or intermediate care.
	3.	A majority of the voting members of the State Board of Nursing Home Administrators shall constitute a quorum.
	4.	To return to active status, inactive licensees may use the inactive renewal fee as credit towards the active renewal fee for their active license.
	5.	Before December 31 of each year, every licensed health care facility shall submit an annual report to the Quality Assurance Division.
	6.	All courses for continuing education must be approved by the Board of Nursing Home Administrators: pre-approval for programs and sponsors is not granted.
	7.	The licensee shall file a change of mailing address within 10 days of any change.
	8.	A licensee whose license has expired, may apply for a new license and does not need to renew the license.
	9.	It is not permissible for a person wishing to start construction of a new skilled nursing facility to begin construction while schematic plans and specifications are being considered by the Department of Public Health and Human Services.
	10.	A health care facility applying for a new license must be inspected, whereas a facility applying for a license renewal is not required to be inspected.
	11.	Volunteers may be utilized at a health care facility and may be included in the facility staffing plan in lieu of employees.
	12.	The term "health care facilities" includes long term care facilities and residential care facilities.

	13. The Department may examine other areas of the facility operations beyond the specific area or condition of the facility to which the complaint pertains when conducting a complaint survey.
	14. A licensee reactivating an expired license shall provide proof the continuing education requirement has been met.
	15. An inactive licensee may practice as a nursing home administrator if on a temporary assignment.
	16. Members of the Board of Nursing Home Administrators are appointed by the Governor.
	17. It shall be unlawful for any person to act or serve in the capacity of a nursing home administrator unless they are the holder of a nursing home administrator license.
	18. It is unlawful for any facility operating in the state to use the word "nursing" in its' name unless the facility provides 24-hour nursing care.
	19. A health care facility shall develop a communicable disease control program approved by the Board of Nursing Home Administrators.
	20. An authorized representative of the Department may inspect a facility and associated property without prior notice to the owner or staff of the facility whenever the Department considers it necessary.
	21. Health care facilities must conduct disaster/evacuation drills at least twice a year.
	22. A temporary license is valid for 90 days or until the applicant passes the national examination, whichever comes first.

End of Examination