



Montana Board of Nursing Home Administrators
301 S Park, 4th Floor PO Box 200513
Helena, MT 59620-0513
Phone: 406-444-6880
Email: dlibsndnha@mt.gov Website: www.nha.mt.gov

Licensing Requirements and Application

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

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

- 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 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)

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. 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.
6. 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

1. When the application is complete, it will be processed and considered by Board Staff for permanent licensure.
2. If the application is considered a non-routine application, there may be a delay in processing the application. You may be requested to provide additional information or make a personal appearance before the Board during a regularly scheduled Board meeting.
3. 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 to get specific information about requesting a license verification.
4. 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.
5. 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 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.
The applicant must obtain a final score of at least 90% on the Montana Jurisprudence Examination. In the event of failure, the applicant may retake the examination by first submitting the \$75 exam fee to the Board of Nursing Home Administrators then another exam will be provided.

6. 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. 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.
7. Examination applicants are eligible for the issuance of a temporary license upon approval of the licensure application.

Processing Procedures

- Once a routine application is completed, 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.
- 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) 444-6880 or email us at 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



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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
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> 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 18th 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

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: _____

Endorsement

Other

Licensed by Examination _____ (List State) _____ (Please List) _____

License is Current? Yes No If NO, explain _____ License Status: 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 _____

Signed: _____

Title: _____

State Board: _____

Date: _____



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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: _____



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EXPERIENCE AND EDUCATION CHECK LIST		POINTS	SCORE
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.	_____
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TOTAL POINTS: _____