



## Montana Board of Nursing Home Administrators

PO Box 200513  
301 S Park, 4<sup>th</sup> Floor  
Helena, MT 59620-0513  
Phone: 406-444-6880

Email: [DLIBSDHelp@mt.gov](mailto:DLIBSDHelp@mt.gov) Website: [www.nha.mt.gov](http://www.nha.mt.gov)

## Licensing Requirements and Application Checklist Nursing Home Administrator

### License Requirements for Nursing Home Administrator [[MCA 37-9-301](#)]

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

1. Applicant must be of good moral character. [[MCA 37-9-301](#)]
2. Applicant must have received a high school diploma or equivalent. [[MCA 37-9-301](#)] [[ARM 24.162.501](#)]
3. Applicant must have completed an approved course of instruction and training in long term care facilities or presented evidence of a combination of education, training, and experience for long term care facilities. [[MCA 37-9-301](#)] [[ARM 24.162.501](#)]
4. Applicant must have passed an approved examination. [[MCA 37-9-301](#)] [[ARM 24.162.504](#)]

### Checklist of Required Documents to Submit for Application for Nursing Home Administrator

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts and examination verifications, must be sent to the board directly from the source.

- Verification of a passing scaled score on the examination provided by the National Association of Boards of Examiners for Nursing Home Administrators (NAB).
- A completed application form documenting education, training, experience or a combination thereof totaling 1200 points.
  - Complete experience and education checklist form (pg. 9 of application).
    - If education is being used to reach 1200 points, **official** transcripts must be send to the board ([DLIBSDNHA@MT.GOV](mailto:DLIBSDNHA@MT.GOV)) from the school.
  - Complete professional training and experience form (pg. 8 of application).
- A copy of a document that clearly shows all relevant training, certification, service, or education the applicant received while in the military.
- Completed open book [jurisprudence examination](#).
- License verification that the applicant holds a currently valid license as a nursing home administrator in any jurisdiction (if licensed in another state or jurisdiction).
- If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.).
- A completed application. Please apply online at <https://ebiz.mt.gov/POL/>
- Check or money order for the appropriate fees.

**\*\*If additional information is needed the processor will reach out.**

**Application Fee(s) for Nursing Home Administrator**

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application, you must submit a check. Do not mail cash.

- \$225 Application by examination
- \$500 Application by credential (applicants licensed in another state or jurisdiction)
- \$200 Temporary license fee (applicants waiting to take the National exam)
- \$75 Jurisprudence reexamination (each retake)

**You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.**

**Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.**

**If you have any questions about the application process or the licensing requirements, please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.**

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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

### **APPLICATION PROCEDURES**

- ◆ When the application is complete, it will be processed and considered by Board Staff for permanent licensure.
- ◆ 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.
- ◆ 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.
- ◆ 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: [https://leg.mt.gov/bills/mca/title\\_0500/chapter\\_0050/parts\\_index.html](https://leg.mt.gov/bills/mca/title_0500/chapter_0050/parts_index.html) 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). 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.
- ◆ 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.

### **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.
- ◆ Once a routine application is processed and approved a permanent license will be issued.

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

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### **TEMPORARY PERMIT**

- ◆ An application for a temporary permit must be accompanied by the required fee, which will not be refunded.
- ◆ The temporary permit is valid until the applicant either fails the first national examination for which the applicant is eligible or passes the examination and is granted a license.
- ◆ Only one temporary permit will be issued per applicant.

**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](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)



**PERSONAL HISTORY QUESTIONS  
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

**PERSONAL HISTORY QUESTIONS**

- |  |     |    |
|--|-----|----|
| 10. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 11. Have you ever surrendered a credential like those listed in number 10, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?  | Yes | No |
| 12. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?  | Yes | No |
| 13. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?  | Yes | No |
| 14. Have you ever withdrawn an application for any professional license?   | Yes | No |
| 15. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?  | Yes | No |
| 16. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)  | Yes | No |
| 17. 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 |

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

- |   |     |    |
|---|-----|----|
| 18. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 19. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                                 | Yes | No |

## PERSONAL HISTORY QUESTIONS

The following information is provided for Question 20 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- |  |     |    |
|--|-----|----|
| 20. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction?  | Yes | No |
| 21. Are you now subject to criminal prosecution or pending criminal charges?   | Yes | No |
| 22. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?  | Yes | No |
| 23. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?   | Yes | No |
| 24. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?  | Yes | No |
| 25. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 26. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?   | Yes | No |
| 27. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?  | Yes | No |
| 28. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?  | 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

**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: \_\_\_\_\_

Licensed by Examination \_\_\_\_\_ Endorsement (List State) \_\_\_\_\_ Other (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 \_\_\_\_\_

BOARD SEAL

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, EDUCATION, AND TRAINING CHECKLIST**

<b>EXPERIENCE:</b>	<b>POINTS</b>	<b>SCORE</b>
1. Management in Health Care 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.

<b>Baccalaureate Degrees or Beyond</b>		
1.	BS/BA or beyond in Health Care Administration	1200
2.	BS/BA or beyond in Business Field	1200
3.	BS/BA or beyond in Nursing (or 3-year Diploma Nurse)	1200
4.	BS/BA or beyond in Other Health Related	1200
5.	BS/BA or beyond in any other fields	800
<b>Associate Degrees</b>		
1.	Associate Degree in Health Care Administration	600
2.	Associate Degree in Business Field	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:** \_\_\_\_\_