APPLICATION FOR LICENSURE AS A NURSING HOME ADMINISTRATOR BY ENDORSEMENT

NORTH DAKOTA BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

SFN 60370 (8-2016)

Office Use Only

Check Number	Amount
Receipt	

INSTRUCTIONS

A. Complete all applicable items. Type or print legibly.

B. Enclose or mail a fee of $250. Checks payable to the North Dakota Board of Examiners for Nursing Home Administrators (NDBOENHA). The fee is not refundable.

C. Two letters of reference with Letter of Reference Forms from individuals engaged in business, professional, or religious work.

D. Submit the State Board Endorsement Questionnaire to the licensing board in the state you are licensed in and have them return it to the North Dakota Board of Examiners for Nursing Home Administrators.

E. Submit to a statewide and nationwide criminal history record check. All costs associated with the criminal history record check are the responsibility of the applicant. Contact Peggy Krikava for more information at 701-222-4867 or email peggy@ndltca.org

F. Mail or deliver the Application for Endorsement and supporting documentation to the North Dakota Board of Examiners for Nursing Home Administrators, 1900 N. 11th St, Bismarck, ND 58501.

G. If you have questions, contact the North Dakota Board of Examiners for Nursing Home Administrators at:

1900 N. 11th St.
Bismarck, ND 58501
Telephone: 701-222-4867
Fax: 701-223-0977
Email: peggy@ndltca.org

IDENTIFYING AND CONTACT INFORMATION

Full Name		Date of Birth	Social Security Number*	
Home Address		City	State	ZIP Code
Business Address		City	State	ZIP Code
Home Telephone Number	Business Telephone Number		Fax Number	
Applicant Email Address				

* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form ismandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes, to determine eligibility for licensure, and detect violations of law. Penalty for not including the social security number on this form will cause the application not to be processed.

LICENSE INFORMATION

Provide the following information about the licensing authority which issued your current license in another state or jurisdiction:				
Name of the Licensing Authority				
Address		City	State	ZIP Code
Telephone Number	Fax Number	Email Address		
Provide the following information about your current license in another state or jurisdiction:				
License Number		Date License Originally Granted		
Provide the State and license number for any additional professional licenses held in other states as an attachment.				

EXPERIENCE

Complete the following employment history for the last six years:

Most Recent Employer		Name of Supervisor	Telephone Number	
Address		City	State	ZIP Code
Beginning Date of Employment	Ending Date of Employment	Name		
Duties				

Next Most Recent Employer		Name of Supervisor	Telephone Number	
Address		City	State	ZIP Code
Beginning Date of Employment	Ending Date of Employment	Name		
Duties				

Next Most Recent Employer		Name of Supervisor	Telephone Number	
Address		City	State	ZIP Code
Beginning Date of Employment	Ending Date of Employment	Name		
Duties				

EXPERIENCE

Most Recent Employer		Name of Supervisor	Telephone Number	
Address		City	State	ZIP Code
Beginning Date of Employment	Ending Date of Employment	Name		
Duties				

CRIMINAL HISTORY

Submit to a statewide and nationwide criminal history record check. All costs associated with the criminal history record check are the responsibility of the applicant. Contact Peggy Krikava for more information at 701-222-4867 or email peggy@ndltca.org

Have you ever been convicted of an offense, other than minor traffic violations?	☐ Yes	☐ No	If yes, provide a written explanation, copies of the judgement,or judgements, and any other pertinent documents.

PROFESSIONAL DISCIPLINARY HISTORY

	Yes	No
Have you ever been prohibited from taking an examination required for any professional license or certification?		
Have you ever had an application for any professional license or certification denied?		
Have you ever had any professional license or certification revoked or suspended?		
Have you ever been disciplined or sanctioned by any professional license or certifying authority?		
Have you ever voluntarily surrendered any professional license or certification?		
Are there any complaints or disciplinary actions pending against any professional license or certification currently held by you?		

If you answered yes to any of the above questions, provide a written explanation and any pertinent documents.

CERTIFICATION

I certify that the answers and information I provide in and in support of this Application are true, accurate, and complete.

Original Signature of Applicant	Date