

**Alabama Board of Examiners of Nursing Home Administrators
4156 Carmichael Road
Montgomery, Alabama 36106**

NOTICE OF INTENDED ACTION

The Alabama Board of Examiners of Nursing Home Administrators intends to adopt amendments to its existing rules and regulations as follows:

<u>Rule No. & Title:</u>	620-X-5-.03	Application for Examination
	620-X-6-.01	Continuing Education Programs of Study
	620-X-7-.01	Licenses
	620-X-14-.01	Effective Date
	Appendix A Form 3	Application for License as a Nursing Home Administrator
	Appendix A Form 4	Application for Renewal of NHA License

Intended Action: The Alabama Board of Examiners of Nursing Home Administrators proposes to amend the following rules: 620-X-5-.03, 620-X-6-.01, 620-X-7-.01, 620-X-14-.01, Appendix A – Form 3, and Appendix A – Form 4.

Substance of Proposed Action: We are proposing to add that an applicant must take the examination within one year of approval by the Board. The Board is proposing to increase the number of allowed long distance continuing education allowed from 6 hours to 9 hours. The Board is also making it the responsibility of the licensee to keep the Board updated on current contact address information. The Board will also change the effective date of the rules. The Board is adding the requirement for a valid driver's license to the nursing home application as well as an email address and changing the home number to cell number for contact information. The Board is changing the requirement for a social security number to only the last four digits and changing the home number to cell number for contact information on the license renewal form.

Time, Place, manner of Presenting Views: Interested persons may present their views orally or in writing to the executive Secretary of the Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama 36106. Requests for copies of the proposed amendments should be addressed to Katrina G. Magdon, Executive Secretary (334) 271-2342 or can be viewed on the Board web site at www.alboenha.state.al.us.

Final Date for Comment and Completion of Notice: Deadline for comments is June 3, 2016.

Contact Person at Agency: Katrina G. Magdon, Executive Secretary, Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama, 36106, (334) 271-2342, kmagdon@anha.org.



Katrina G. Magdon, Executive Secretary

620-X-5-.03 Application for Examination.

(1) An applicant for examination and qualification for a license as a nursing home administrator shall make application therefore in writing on the forms provided therefore by the Board, and shall furnish evidence satisfactory to the Board that he/she has met the pre-examination requirements as provided for in the State licensing statutes and Rule No. 620-X-5-.02 of these Rules and Regulations, and paid the required examination fee as determined by the Board.

(2) A candidate for examination shall submit with his/her application three letters from individuals engaged in either business, or professional work, who shall certify to the good moral character of the applicant. The applicant shall also submit satisfactory evidence that he/she has met the requirements as defined in 620-X-5-.02 (f) of these Rules and Regulations.

(3) An applicant for examination who has been convicted of a felony by any court in this state, or by any court of the United States, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first submit to and file with the Board, a certificate of good conduct granted by the Board of Parole or, in the case of a conviction in any jurisdiction wherein the laws do not provide for the issuance of a certificate of good conduct, an equivalent written statement or document.

(4) An applicant for examination who has been convicted of a misdemeanor, except a petty traffic offense, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first submit to, and file with the Board a certificate or letter of good conduct from the proper parole, probation, court, or police authorities wherein such conviction was had, or submit an equivalent written statement or document. For the purpose of this paragraph, a petty traffic offense shall be any and every misdemeanor relating to the operation of motor vehicles except: Driving while under the influence of intoxicating liquors, narcotics, stimulating or hallucinating drugs; leaving the scene of an accident; and manslaughter resulting from the operation of a motor vehicle.

(5) To establish suitability and fitness to qualify for a license for nursing home administrator, as required by the State licensing statute, prior to being permitted to take the examination for license as a nursing home administrator, the applicant may be required to furnish evidence satisfactory to the Board of:

(a) good health and freedom from contagious disease;

(b) absence of any mental impairment that would appear to the Board to be likely to interfere with the performance of a nursing home administrator;

(c) an understanding of the general and technical information necessary to the administration and operation of a nursing home, (i.e. applicable health and safety regulations);

(d) ability to assume responsibilities for the administration of a nursing home as evidenced by prior accredited activities and evaluation of prior services and evidence secured by the Board; and

(e) ability to relate the physical, psychological, spiritual, emotional, and social needs of ill and/or aged individuals to the administration of a nursing home, including executives of the nursing home, and to create the compassionate climate necessary to meet the needs of the residents therein.

(6) The basic requirements for suitability set forth herein are to be considered minimal and may not be waived.

(7) The applicant shall attach to his/her application a finished unmounted photograph of himself/herself, which shall have been taken within three months prior to the date of such application.

(8) The Board may designate a time and place at which an applicant may be required to present himself/herself for inquiry as to his/her suitability as provided for herein.

(9) An applicant who is approved to take the examination must do so within one (1) year of being approved by the Board.

Author: Linda U. Jordan, Chairman

Statutory Authority: Code of Ala. 1975, §34-20-5.

History: Filed September 30, 1982. **Amended:** Filed July 20, 1993; effective August 24, 1993. **Amended:** Filed April 6, 2016.

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Katrina G. Magdon, Executive Secretary

620-X-6-.01 Continuing Education Programs of Study.

(1) A program of study designed to meet the requirements and qualifications for licensure renewal of a nursing home administrator under and pursuant to the State licensing statute, and these rules and regulations shall:

(a) contain a minimum of 24 equivalent hours of academic work per year with no more than 6 9 hours per year obtained by alternate and/or long distance learning methods.

(b) include subject areas as determined by the Board

(2) Upon completion of an approved program of study, the sponsor or sponsors of the program shall issue certificates of attendance or other evidence of attendance satisfactory to the Board.

(3) Nothing contained in this Rule shall preclude the Board from providing for any program of study which excludes subjects which shall be in derogation of, or in conflict with the teachings and practice of any recognized religious faith, provided however, any applicant seeking to be entitled to be admitted to such program of study hereunder shall submit evidence satisfactory to the Board that he/she is in fact an adherent to such recognized religious faith.

(4) If the Board finds that programs of training and instruction conducted within the State are not sufficient in number or content to enable nursing home administrators to meet requirements established by law and these rules, it may institute and conduct or arrange with others to conduct one or more such programs, and shall make provisions for their accessibility to residents of this state. The Board may approve programs conducted within and without this state as sufficient to meet education requirements established by law and these rules. For the purpose of this paragraph, the Board shall have the authority to receive funds in a manner consistent with the requirements of the Federal Government in order for the courses to qualify for Federal financial participation.

(5) Any course of study offered by an educational institution, association, professional society, or organization for the purpose of providing continuing education for nursing home administrators shall be submitted to the Board for approval on forms provided by the Board.

Author: Linda U. Jordan, Chairman

Statutory Authority: Code of Ala. 1975, §34-20-13.

History: January 8, 1982; Filed September 30, 1982. **Amended:** Filed July 20, 1993; effective August 24, 1993. **Amended:** Filed September 11, 2003; effective October 16, 2003. **Amended:** Filed April 6, 2016.

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620-X-7-.01 Licenses.

(1) Every individual who holds a valid current license as a nursing home administrator issued by the Board under this Chapter shall immediately upon issuance have the right and privilege of acting and serving as a nursing home administrator and of using the abbreviation "N.H.A." after their name. Thereafter, the individual shall annually be required to make application to the Board for a renewal of license and to report any facts requested by the Board on forms provided for such purposes. All license renewals will be issued and are due on the last day of the month in which the license expires, and all requirements must be met by that date.

(2) Upon making an application for a renewal of license, the individual shall pay an annual fee as determined by the board, and at the same time shall submit evidence satisfactory to the Board that during the year immediately preceding application for renewal, he or she has complied with the requirements of the Board concerning the continuing education of nursing home administrators as provided in Rule No. 620-X-6-.01, paragraph (1) of these Rules and Regulations. The required continuing education hours must be completed by the renewal date of the license. It is the responsibility of the licensee to keep a current physical address and email address with the Board.

(3) Upon receipt of the application for renewal of license, the renewal fee, and the evidence required with respect to continuing education, the Board shall issue a letter and renewal card to the nursing home administrator.

(4) Failure to secure an annual renewal of a license based on a failure to meet the continuing education requirements, shall result in the expiration of the license. All persons holding an expired license and wishing to reactive the license shall be required to submit a new application, have 24 hours of current (no more than one year old at the time of reactivation) continuing education credit approved by the Board prior to the reactivation of the license and pass a written state examination for licensure.

(5) A licensee who complies with the continuing education requirements but who does not renew within 90 days following its due date shall be deemed delinquent and may renew within the 90 day period by paying a late renewal fee established by the board. A license that is not renewed within the 90 day period shall be deemed expired, and is subject to reapplication as provided in Rule No. 620-X-7-.01, paragraph (4) of these rules and regulations.

(6) A licensee who holds a current license and who is not practicing as a nursing home administrator may place that license into an "inactive status" upon written application to the board. Any licensee whose license has been placed on inactive status may not engage in the practice of nursing home administration. A licensee whose license is on an inactive status who wishes to "reactivate" that license may do so by making application to the board. The applicant shall attach proof of having completed 24 hours of approved continuing education credits within one year of making application for license reactivation, and shall pay a reactivation fee established by the board. A licensee

may not have his/her license in inactive status for more than five years. After five years in inactive status, the license automatically becomes expired.

(7) Only an individual who has qualified as a licensed and registered nursing home administrator who holds a current license shall have the right and privilege of using the title "Nursing Home Administrator", and have the right and privilege of using the abbreviation "NHA" after their name. No other person shall use or shall be designated by such title or such abbreviation or any other words, letters, signs, cards, or device tending to or intended to indicate that such person is a licensed nursing home administrator.

(8) The Board shall maintain a file of all applications for licensure that includes the following information on each applicant: residence, name, age, the name and address of his/her employer or business connection, the date of application, educational and experience qualifications, action taken by the Board, serial numbers of licenses issued to the applicant, and the date on which the Board acted on or reviewed the application.

(9) The Board shall maintain a list of current licensees of the board, and shall furnish the list on demand to any person who pays a fee established by the board.

Author: Linda U. Jordan., Chairman

Statutory Authority: Code of Ala. 1975, §34-20-13.

History: January 8, 1982; Filed September 30, 1982. **Amended:** Filed July 30, 1993; effective August 24, 1993. **Amended:** Filed May 18, 1998; effective June 22, 1998.

Amended: Filed September 11, 2003; effective October 16, 2003. **Amended:** Filed April 6, 2016.

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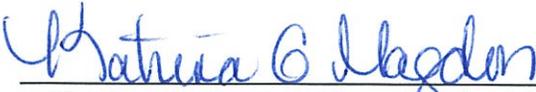
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Katrina G. Magdon, Executive Secretary

620-X-14-.01 Effective Date.

These revised Rules and Regulations shall become effective on ~~May 1, 2012~~ August 1, 2016.

Author: Linda U. Jordan, Chairman

Statutory Authority: Code of Ala. 1975, §34-20-1-16.

History: January 8, 1982. **Amended:** Filed July 20, 1993; effective August 24, 1993.

Amended: Filed May 18, 1998; effective June 22, 1998. **Amended:** Filed January 16, 2001; effective February 20, 2001. **Amended:** Filed September 11, 2003; effective

October 16, 2003. **Amended:** Filed December 10, 2009; effective January 14, 2010.

Amended: Filed August 8, 2011; effective September 12, 2011. **Amended:** Filed March 13, 2012; effective April 17, 2012. **Amended:** Filed April 6, 2016.

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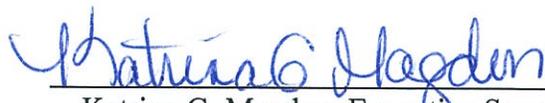
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Katrina G. Magdon, Executive Secretary

**State of Alabama Board of Examiners of Nursing Home Administrators
4156 Carmichael Road
Montgomery, Alabama 36106
(334) 271-2342**

Application for License as a Nursing Home Administrator

Please print clearly or type all answers. If there is no sufficient space, use additional sheets and number accordingly. Your completed employment verification, copy of facility institutional license, photograph, organizational chart, three character references, a copy of your college degree, copy of current driver's license, and the required fee (see fee schedule), made payable to the AL BOE of Nursing Home Administrators, must be submitted with this application. ***Your application will not be considered complete and therefore will not be reviewed unless all of the above have been received.***

I hereby make application for a Regular License as a Nursing Home Administrator in the State of Alabama.

Date: _____

1. Name: _____ Email _____
(Last) (First) (Middle) (Maiden)

2. Home Address: _____
(Street) (City) (State) (Zip)

3. Business Address: _____
(Street) (City) (State) (Zip)

4. Telephone Number: (Home Cell) _____ (Business) _____

5. Date of Birth: _____ Place of Birth: _____
(Month) (Day) (Year)

6. Are you a citizen of the United States? Yes No Country _____

7. Social Security Number: _____

8. Education: (a) Please circle the highest grade completed: 6 7 8 9 10 11 12

(b) Did you graduate? Yes No Date of Graduation _____

(c) Name of High School _____

Address: _____
(Street) (City) (State) (Zip)

(d) Name of College or University _____

Address _____

(e) Degree _____

(f) Major undergraduate subjects: _____

(g) Major graduate university subjects: _____

(h) Other educational training: Name _____

Address: _____
(Street) (City) (State) (Zip)

Dates attended: From _____ To _____

Certificate Received: Yes No

Subjects: _____

9. Employment history for the past 15 years, include military experience, if any. ***Please list most recent experience first.***

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

Employers Name _____

Address: _____
(Street) (City) (State) (Zip)

Employed: From _____ To _____

List your title and a detailed description of duties performed, include number and type of employees supervised.

10. Membership in Professional Societies and Nursing Home Associations:

<u>Name</u>	<u>Date of Membership</u>	<u>Offices Held</u>	<u>Active or Inactive</u>

11. Professional Certificates and/or licenses held. (Include such items as fellowships in American College of Hospital Administrators and American College of Health Care Administrators, MD, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each certificate or license you hold or have ever held).

Type of certificate or license	Name of State or other authority	Year of Original issue	Year of Latest issue	Current or Latest registration number

12. Attach a **recent** (within 3 months) finished unmounted photograph. Type or print you name of the back of the photograph.

13. Have you ever been convicted of a felony? Yes No

14. Have you ever been treated for illness caused by excessive use of alcohol or narcotics? Yes No

15. In what type of nursing facility are you currently employed? _____

16. Attach a copy of the current license issued to the facility you are now affiliated with.

17. Have you **applied** for licensure by examination in any state or states for license as a nursing home administrator? Yes No State(s) _____

18. Have you ever had a certificate or other professional license revoked or suspended? Yes No If yes, attach an explanation, relevant documents and a description of the current status.

19. Are you currently registered as a nursing home administrator in any other state? Yes No If yes, please have the applicable State Licensure Board complete the enclosed reciprocity questionnaire. A questionnaire must be filled out for each state in which you hold or have held a nursing home administrators license.

20. Applicant must furnish references from three (3) individuals who are in a position to provide information in regard to your good moral character. These should be mailed by

the individuals directly to the Board of Examiners. Please list below the names and addresses of who the three references will be from:

(1) Name _____ Business or Occupation _____

Address: _____
(Street) (City) (State) (Zip)

(2) Name _____ Business or Occupation _____

Address: _____
(Street) (City) (State) (Zip)

(3) Name _____ Business or Occupation _____

Address: _____
(Street) (City) (State) (Zip)

Affidavit of Applicant

_____, on oath, do promise and swear that, if my application is accepted, and I should be granted a license to practice as a Nursing Home Administrator in the State of Alabama, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that, if I should fail to keep the above agreement or if I have made any false statements in this application, my license may be suspended or revoked by the Board at any time.

I further state that all the statements are made by me in this application are true and correct.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, _____.

My Commission Expires _____

Notary Public

STATE OF _____)
COUNTY OF _____)

EMPLOYMENT VERIFICATION AFFIDAVIT

Before me, the undersigned Notary Public in and for said County, in said State, personally appeared _____, who is known to me and who, being duly sworn on oath deposes and says: The affiant is _____ of

(Title - owner, co-owner, officer, director, etc.)

_____ and is personally acquainted with

(Nursing facility)

_____, who is an applicant for a license as a nursing home administrator under the rules governing nursing home administrators licensed under the laws of the State of Alabama, and that applicant has been employed by the nursing facility from _____ to _____.

(Date)

(Date)

That applicant has good moral character and reputation where he/she resides, and enjoys the confidence and respect of the general public. His/Her duties are summarized as follows with dates indicated where appropriate to reflect major duty changes or changes in responsibility: _____

Affiants Signature

Sworn to and subscribed before me
this _____ day of _____, _____.

Notary Public _____ My Commission Expires _____

County of _____

State of _____

Author: Linda U. Jordan, Chairman

Statutory Authority: Code of Ala. 1975, §34-20-5.

History: December 31, 1992. Filed: **Amended:** August 31, 1993. **Amended:** Filed January 16, 2001; effective February 20, 2001. **Amended:** Filed April 6, 2016.

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Application for Renewal of NHA License

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NHA License # _____ E-mail address _____ Date _____

Last Four Digits Social Security # _____

In accordance with Act No. 986, Regular Session, 1969, I hereby make application for renewal of my license as a nursing home administrator with the Alabama Board of Examiners of Nursing Home Administrators.

NAME: _____
(Title) (Last) (First) (Middle)

ADDRESS: (Street) _____ (City) _____

(State) _____ (Zip Code) _____

Please give current home address

NAME OF FACILITY OR BUSINESS: _____

TELEPHONE: (Home Cell) _____ (Business) _____

During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

No Yes If yes, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses:

License: _____; _____; _____
(Title) (Number) (State)
_____; _____; _____
(Title) (Number) (State)

Not Applicable

Affidavit of Applicant

I hereby certify that the ___ (total hours) continuing education hours listed on this application are true and correct to the best of my knowledge and belief.

In witness whereof, I set my hand and seal this _____ day of _____, _____.

(Signature of Applicant)

Sworn to and Subscribed before me this _____ day of _____, _____.

(Notary Public)

My Commission Expires _____ County of _____ State of _____

Author: Linda U. Jordan, Chairman

Statutory Authority: Code of Ala. 1975, §34-20-13.

History: Amended: Filed January 16, 2001; effective February 20, 2001. **Amended:** Filed August 8, 2011; effective September 12, 2011. **Amended:** Filed March 13, 2012; effective April 17, 2012. **Amended:** Filed April 6, 2016.