CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF NURSING HOME ADMINISTRATORS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APROVAL OF ADMINISTRATOR-IN-TRAINING (AIT) PROGRAM
INSTRUCTION SHEET

When to Apply

Before applying for a Delaware Nursing Home Administrator (NHA) license, you must complete an Administrator-In-Training (AIT) program approved by the Delaware Board if either of the following conditions applies:

- You do not hold a *current* NHA license in another jurisdiction, *or*
- You hold a current NHA license in another jurisdiction but the Board has determined that you do not qualify for licensure by reciprocity.

To apply for approval of an AIT program, you must meet *one* of the following requirements:

- You must have a post-secondary degree in any field, *or*
- You must hold a *current* Delaware Registered Nurse (RN) license.

Requirements for *All* Applicants

☐ Submit completed, signed and notarized *Application for Approval of Administrator-in-Training Program*.

☐ Enclose the non-refundable processing fee by check or money order made payable to the "State of Delaware."

☐ Arrange for the Board office to receive an official transcript showing your associates, baccalaureate or graduate degree, sent *directly* from the college/university to the Board office.

☐ If you have ever held an NHA license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive license verifications from *each* jurisdiction where you now hold, or have ever held, an NHA license, sent *directly* from the jurisdiction to the Board office.

☐ Complete the Criminal History Record Check Authorization form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted. You must meet this requirement *even if* you previously had a criminal background check done for some other reason.

☐ If you have never been issued a U.S. Social Security Number (SSN), submit a *Request for Exemption from Social Security Number Requirement*.
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

☐ Enclose a resume or separate page with your application thoroughly describing your ***occupational background*.** The document must list all post-degree positions you have held, starting with your current position. All time must be accounted for. If you have been involved in an academic residency or internship or in a Board-approved AIT program, include the following information:

- dates of employment
- title of position
- name and address of employer or organization
- employer/organization telephone number and email

☐ Enclose a resume or separate page with your application thoroughly describing all past ***administrative experience*** that you acquired in a residential facility providing protective, preventive and personal care services performed by qualified personnel. (Personal care refers to the general supervision of and direct assistance to individuals in their activities of daily living.)

- Your experience *must* include:
  - o administration of services to more than one person,
  - o administrative services which have (or had) as a major component the supervision of more than one profession or discipline,
  - o administrative position in which you have (or had) direct responsibility for and are (were) held accountable for your own acts.
- Describe your duties and responsibilities for the time periods when you supervised more than one profession or discipline. Include the dates and number of hours as well as the kinds of employees. Also, list the dates and hours for which you have served as acting administrator in the absence of the duly appointed administrator.

You may request approval of your preceptor(s) and program outline at the same time as you submit your application or later. However, the Board must approve both preceptor(s) and your program outline *before* you begin the AIT program.

Requesting Approval of AIT Preceptor

The Board must approve your preceptor(s). You may have one preceptor for both the Assisted Living (AL) and Skilled Nursing Facility (SNF) portions of your program or two preceptors, a separate one for AL and SNF.

For information about their responsibilities, preceptors should refer to Preceptor Responsibilities. Each preceptor must:

- hold a *current* Delaware NHA license, and
- have been licensed as an NHA in Delaware or other jurisdiction for the preceding two-year period.

☐ Arrange for each person seeking to become your preceptor to submit a letter to the Board requesting approval. The letter must:

- be on letterhead of the facility/organization
- provide the preceptor's NHA license number
- request approval to serve as preceptor for the AIT applicant
- specify whether the preceptor will be serving as an Assisted Living (AL) preceptor, Skilled Nursing Facility (SNF) preceptor, or both
- state in which facility the training will occur
- outline the specific functions and responsibilities that you will perform.

Requesting Approval of AIT Outline

☐ Either you, as the AIT applicant, or your preceptor must submit an outline listing the training to be covered in the AIT program. See Addendum A to the Rules and Regulations. Note that the Board will not accept a photocopy of Addendum A as a substitute for an outline. Follow these guidelines when submitting the outline:

- The outline must state whether it is for the AL or SNF portion of the program or for both portions.
- The outline should be broken down week by week, e.g., Week 1, Week 2, Week 3, etc. Do ***not*** include dates on the outline submitted for Board approval because you cannot begin an AIT program until the Board has approved both preceptor(s) and outline.
- The length of your AIT program depends on your education. This table shows how the Board determines the timeframe of your AIT outline:

IF you have a(n)…	**THEN** the Board may approve you for a…	**AND** you should submit a…
baccalaureate or graduate degree in Health and Human Services, Hospital Administration, Nursing or Business Administration	six-month program	24-week outline
baccalaureate or graduate degree in any field ***other than*** Health & Human Services, Hospital Administration, Nursing or Business Administration	nine-month program	36-week outline
associates degree in any field ***or*** a current Delaware Registered Nurse license	12-month program	52-week outline

Filing Progress and Final Reports

Beginning with the date the Board approves your preceptor(s) and outline, you and your preceptor are responsible for filing an *Administrator-in-Training Progress Report* form every three months until the end of the program. For example, if the Board approves you for a 36-week program on April 15th, you must submit a progress report for the following periods:

1. April 15 – July 14
2. July 15 – October 14
3. October 15 – January 14

Each progress report must include a full three-month period. Do **not** submit reports before the end of the reporting period, regardless of when the next Board meeting is scheduled. Preceptors must initial and date each item on your progress report as it is completed. The use of arrows or "ditto marks" is not acceptable. Progress reports must be signed and dated by the AIT, preceptors (as applicable) and supervisors (as applicable).

At the conclusion of your approved program period, your preceptor(s) must submit a letter to the Board stating that you have successfully completed your AIT program.

Requests for Extensions and/or Change in Preceptor

It is *strongly* advised that your training outline continue uninterrupted if at all possible. However, if an unforeseen extenuating circumstance (such as hospitalization or family death) occurs during your AIT program, you may submit a written request to extend your training period and/or change your preceptor to the Board. The Board may require you to submit supporting documentation. If there is a substantial loss of time during your training, regardless of the reason, the Board may require you to repeat your AIT program in its entirety. (Note that personal vacations are *not* extenuating circumstances.)

What Happens When You Successfully Complete the AIT Program

When all of your preceptors confirm that you have successfully completed your Delaware AIT Program, the Board will approve you to sit for the NAB Examination. The Board office will notify you when you have been approved and explain how to register. When you register to take the exam, make sure that you request NAB to send your results to the Board office.

You must file an *Application for Nursing Home Administrator Licensure* in order to be considered for permanent licensure. You may file the application before or after you pass the examination, but your application will not be considered until you have passed the examination.

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APPLICATION FOR APPROVAL OF ADMINISTRATOR-IN-TRAINING (AIT) PROGRAM

IDENTIFYING AND CONTACT INFORMATION

1. Name: _____ _____ _____ _____
   Last/Family Name First Middle Maiden

2. Other Name(s) Used: None ☐ _____ _____ _____

3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
   If no, you must file a *Request for Exemption from Social Security Number Requirement*.

5. *Mailing* Address:_____

   _____ _____ _____
   City State Zip

6. Phone: _____ _____ Email: _____ ☐ None
   Daytime Home

EDUCATION

7. Enter the following information about your education:

   University/College: _____ Major: _____
   City: _____ State: _____ Degree: _____
   Dates Attended: From: _____ To: _____ Graduation Date: _____
   month/day/year month/day/year month/day/year

   Arrange for the Board office to receive an official transcript, sent *directly* from the college/university to the Board office.

LICENSURE HISTORY

8. Have you ever been denied a license? Yes ☐ No ☐ If yes, enter: Year Denied: _____ State: _____
   Explain why the license was denied: _____
   _____

9. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes ☐ No ☐ If yes, enter the following information about *each* license:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS (e.g., active)

   Arrange for *each* jurisdiction listed to send a verification of licensure *directly* to the Board office.

10. Have you ever been licensed as a Registered Nurse in Delaware? Yes ☐ No ☐ If yes, enter Delaware RN License Number: L1 - _____

EMPLOYMENT AND EXPERIENCE

Enclose resumes or statements on separate sheets that thoroughly describe your *occupational background* and *administrative experience.* Refer to the Instruction Sheet for the information that you must include.

PRECEPTORS

11. Enter the name of the sponsoring facility: _____
    - The sponsoring facility is the nursing home where most of your AIT program will take place. See sections 1.0 and 3.0 of the Board's Rules and Regulations.

12. Do you know the name of the preceptor(s) for whom you are (will be) requesting approval? Yes ☐ No ☐ If yes, enter the following about each preceptor:

    Name: _____ NHA License Number H1 - _____
    Portion of Program: Assisted Living (AL) ☐ Skilled Nursing Facility (SNF) ☐ Both AL and SNF ☐

    Name: _____ NHA License Number H1 - _____
    Portion of Program: Assisted Living (AL) ☐ Skilled Nursing Facility (SNF) ☐ Both AL and SNF ☐

    Arrange for *each* person seeking to become your preceptor to submit a letter to the Board requesting approval. Refer to the Instruction Sheet for the requirements the preceptor must meet and the information that the letter must include.

DISCLOSURES

13. Have you engaged in the illegal use of controlled dangerous substances within the past two years? Yes ☐ No ☐
    If yes, continue to Question 14. If no, skip to Question 15.

14. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes ☐ No ☐ If yes, explain fully:
    _____
    _____

15. Have you ever had your professional license subjected to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ If yes, submit a letter explaining fully. Include an official Board order or other documents.

16. Are any disciplinary or ethical complaints currently pending against you? Yes ☐ No ☐ If yes, submit a letter explaining fully. Include copies of all official documents or Board orders.

17. Are you physically or mentally incapable of engaging in the practice of nursing home administration according to generally accepted standards? Yes ☐ No ☐ If yes, continue with Question 19. If no, skip to the DUTY TO REPORT section.

18. Do you agree to submit to an examination to determine such capability as the Board may deem necessary?
    Yes ☐ No ☐

DUTY TO REPORT

19. You have a ***mandatory*** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner is (or may be) guilty of unprofessional conduct as defined in 24 *Del. C.* §1731 OR that he/she is (or may be):
    - medically incompetent
    - mentally or physically unable to engage safely in the practice of medicine
    - is excessively using or abusing drugs including alcohol.

    I certify that I have read and understand the provisions of 24 *Del. C.* §1730, 24 *Del. C.* §1731 and 24 *Del. C.* §1731A and that I understand my *duty to report*. Yes ☐ No ☐

20. To obtain a license in Delaware, you must certify that you understand that you have a ***mandatory*** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

    I certify that I have read and understand 16 *Del. C.* §903 and that I understand my *duty to report*. Yes ☐ No ☐

    To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 p.m. ten full working days before the Board's meeting date:
    - **Completed, signed and notarized application form**
    - **Fee payment**
    - **All required supporting documentation.**

    Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I hereby apply for approval of an Administrator-In-Training program by the Delaware State Board of Examiners of Nursing Home Administrators under the standards, qualifications and procedures established under Title 24, Chapter 52, of the *Delaware Code*. I have read the State statute governing nursing home administrators in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of nursing home administration in Delaware. I understand that the Board may require evidence additional to the material herein.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: _____ Date: _____

County of_____State of _____

Sworn or affirmed before me a Notary Public this_____day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on_____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See Title 28, CFR 16.34 for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility
State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901
Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility
State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility
Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.

2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of $65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. ***Personal checks are not accepted in any county.*** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a FD-258 fingerprint form available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.

2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.

3. ***Mail*** the *Authorization* form, fingerprint card, and *certified* check or money order ***(personal checks are not accepted)*** for $65.00 made payable to "Delaware State Police" to:

Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.

DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.

⇨ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.

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AUTHORIZATION FOR RELEASE OF INFORMATION

CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- ☐ Adult Entertainment
- ☐ Charitable Gaming Vendor
- ☐ Chiropractic
- ☐ Dental
- ☐ Funeral
- ☐ Massage
- ☐ Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM))
- ☐ Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)
- ☐ Nursing (RN, LPN, APRN)
- ☐ Nursing Home Administrator
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy)
- ☐ Physical Therapy/Athletic Trainer
- ☐ Podiatry
- ☐ Psychology
- ☐ Real Estate Appraiser (includes Appraisal Management Company)
- ☐ Speech/Hearing
- ☐ Social Work
- ☐ Texas Hold'em Individual

Print your current full name:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date**: _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLA.