

APPLICATION INSTRUCTIONS FOR AN ADMINISTRATOR-IN-TRAINING (AIT) PROGRAM

****AS OF JANUARY 5, 2008, ALL APPLICANTS FOR ORIGINAL, RECIPROCAL OR TEMPORARY LICENSE WILL BE REQUIRED TO OBTAIN A CRIMINAL HISTORY BACKGROUND CHECK****

An applicant who is applying for approval of an Administrator-In-Training Program must meet all of the following requirements. The applicant must:

1. Possess an associates, baccalaureate or graduate degree in any field or hold a current Delaware RN license.

Getting Approved as an Administrator-In-Training in an AIT Program

1. Submit completed and notarized application for AIT form along with the required processing fee to the Board's office. Check or money order should be made payable to the "State of Delaware". Applications and Fee Schedule may be obtained from the Board's website at www.dpr.delaware.gov.
2. The applicant must attach a response to *Section 4: Occupational Background* and *Section 5: Administrative Background* of the application form. A resume may be attached in lieu of *Section 4: Occupational Background*.
3. The applicant must arrange for official college transcripts to be **mailed directly to the Board office from the educational institution.**
4. **The applicant must have preceptor(s) and AIT outline(s) approved by the Board before the AIT program may begin.** These requests for approval may be submitted with the Application for AIT Approval, or these requests may be submitted subsequent to the Board's approval of the applicant for an AIT program. However, the AIT program may not begin until the Board has approved the preceptor and outline.

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM 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 six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

GETTING A PRECEPTOR APPROVED

The individual seeking to become a preceptor** must submit a letter to the Board requesting approval. The letter must include the following:

1. Must be submitted on letterhead of the facility/organization.
2. Request approval to serve as preceptor for the individual for whom he or she is seeking registration.
3. Indicate whether the preceptor will be serving as an Assisted Living (AL) or a Skilled Nursing Facility (SNF) preceptor or both.
4. Indicate in which facility the training will be performed with outline of the specific functions and responsibilities that the individual for whom he or she is seeking registration will perform.
5. Indicate the preceptor's Nursing Home Administrator license number.

*****The preceptor has to have been licensed in the State of Delaware or in any other jurisdiction for at least two years immediately prior to the date of the written request to become a preceptor.***

GETTING AN AIT PROGRAM OUTLINE APPROVED

1. The preceptor and/or Administrator-In-Training must submit an outline setting forth the training to be covered in the AIT program. See Addendum A to the Rules and Regulations. However, the Board will not accept a photocopy of this Addendum A as a substitute for submission of an outline.
2. The outline submitted must state whether it is for the AL or SNF portion of the program or for both portions.
3. The outline should be broken down week by week. (Example: Week 1, Week 2, Week 3). Do not include dates on the outline submitted for Board approval because the AIT program may not begin until the Board approves the outline(s) and preceptor(s).

Revised: 04/17/08



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

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

**STATE OF DELAWARE
BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS**

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

Section 1. Basic Information

NAME: _____
(Title-Optional) (First Name) (Middle Name) (Last Name)

Home Address: _____
(Street)

(City) (State) (Zip Code)

Telephone: (___) _____ (___) _____
Home Work

E-mail Address: _____

Social Security # _____

Section 2. Educational Background

Courses of study taken and degrees granted must be verified. Please instruct those institutions attended to submit official transcripts directly to the Board office.

College	Location	Dates Attended	Degree(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you taken the NAB exam? Yes No

If yes, please have the examination service mail an official copy of your exam scores directly to the board office.

Section 3. General Background

Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense in which you have received a pardon, in any jurisdiction? Yes No

If yes, submit a certified copy of your criminal history record.

Are you now or have you within the past two (2) years been dependent upon the use of alcohol, stimulants or other habit-forming drugs or treated or disciplined for their use?

Yes No **If yes, explain circumstances and outcome on a separate page.**

Have you ever had a license denied, revoked, suspended or been under probation? Yes No **If yes, explain circumstances and outcome on a separate page.**

Have you ever had a disciplinary action taken against you by a State Board of Nursing Home Administrators?

Yes No **If yes, explain circumstances on a separate page.**

Are any charges pending or are you under investigation regarding a felony, or unprofessional conduct? Yes

No **If yes, explain circumstances on a separate page.**

Do you currently hold or have you ever held a Nursing Home Administrators license issued by another jurisdiction? Yes No

If yes, please list each jurisdiction or state.

Do you currently hold, or have you ever held, a RN license in any state? Yes No

If yes, please list each state of licensure. _____

Please have each state submit a verification of licensure directly to the board office.

Section 4. Occupational Background

On a separate page, 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 an approved AIT program, include the following information:

- Dates of Employment
- Title of Position
- Name and address of Employer or Organization
- Telephone Number

Section 5. Administrative Experience

On a separate page, list and explain all past administrative experience which meets the following criteria:

1. The experience must have been 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.
2. Such administrative experience shall include:
 - (a) The administration of services to more than one person.
 - (b) Administrative services which have as a major component the supervision of more than one profession or discipline.
 - (c) An administrative position in which the individual has assumed direct responsibility for and is held accountable for his own acts.
3. Describe your duties and responsibilities for the periods of time when you have 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.

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Please note: When your application is complete, please allow 8 – 10 weeks to receive your license.

Instructions for Requesting a Criminal Background Check

Both state and federal criminal background checks are required.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 9 am – 7 pm, Tue - Fri 9 am – 3 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

Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd. Georgetown DE
19947

(Across from DelDOT & the State Service Ctr.)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties 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 \$69.00, to cover both the State and Federal criminal checks. As fees are subject to change, contact the agency where you plan to submit your forms for current fees. Cash, money orders and credit cards other than American Express are accepted. *Personal checks are not accepted.*

Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned. Send the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to "Delaware State Police" to:

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

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE



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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 TYPE OF LICENSURE FOR WHICH APPLYING:

- | | |
|--|---|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Nursing Home Administrator |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Texas Hold'em Dealer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nursing | |

ENTER FULL CURRENT NAME:

Last Name

First Name

Middle Initial

Suffix

ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):

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

AUTHORIZATION TO RELEASE INFORMATION

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. 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 Regulations
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 VIOLATION.