



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL
REGULATION

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

BOARD OF NURSING HOME ADMINISTRATORS

APPLICATION INSTRUCTIONS FOR AN ORIGINAL OR RECIPROCAL NURSING HOME ADMINISTRATOR'S LICENSE

****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 an original license must meet all of the following requirements. The applicant must:

1. Possess a baccalaureate or graduate degree from an accredited college or university with a major in:
 - a. Health and human services,
 - b. Hospital administration,
 - c. Nursing, or
 - d. Business administration

Or:

 - e. Posses an associate's degree in any field from an accredited college or university or hold a current Delaware license as a registered nurse
2. Completed a Board-approved course of study in nursing home administration at an accredited educational institution. (Listing of approved courses can be obtained at www.dpr.delaware.gov).
3. Met the experience requirements and have completed an administrator-in-training (AIT) program approved by the Board.
4. Passed the NAB exam.

Applying for an Original/New License:

1. Submit completed and notarized application for licensure form to the Board's office, along with the required processing fee. Check or money order should be made payable to the "State of Delaware". Application forms may be obtained from the Board's website at www.dpr.delaware.gov or may be requested from the Board's office by telephone, e-mail, or fax.
2. Attach a response to *Section 4: Occupational Background* and *Section 5: Administrative Background* of the application form. You can submit your resume in lieu of *Section 4*.
3. Official college transcripts to be **mailed directly to the Board office from the educational institution.**
4. Official state and federal criminal back ground checks **mailed directly to the Board from the State Bureau of Identification and the Federal Bureau of Investigation.****

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.

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

APPLICATION INSTRUCTIONS

Applying for a Reciprocal License:

An applicant who holds a current license in good standing in another state or jurisdiction whose standards for licensure are at least the equivalent of those in Delaware may apply for licensure by reciprocity by completing the following list of equivalent states can be obtained from the Board's website at www.dpr.delaware.gov:

1. Submit completed and notarized application for licensure form to the Board's office, along with the required processing fee. Check or money order should be made payable to the "State of Delaware". Application forms may be obtained from the Board's website at www.dpr.delaware.gov or may be requested from the Board office by telephone, e-mail, or fax.
2. The applicant must arrange for certification of NAB examination scores to be **mailed directly to the Board office.**
5. The applicant must arrange for a letter of verification from the state(s) where the applicant is currently licensed or has ever been licensed. **Letters of verification must be mailed directly to the Board office from each state licensing authority.**
6. The applicant must arrange for official college transcripts to be **mailed directly to the Board office from the educational institution.**
7. The applicant must arrange for official state and federal criminal back ground checks **mailed directly to the Board from the State Bureau of Identification and the Federal Bureau of Investigation.****
8. The applicant must attach a response to *Section 4: Occupational Background* and *Section 5: Administrative Background* of the application form.

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DIVISION OF PROFESSIONAL REGULATION

Delaware Board of Examiners of Nursing Home Administrators

Application for: New license
 Reciprocity

SECTION 1: Basic Information

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (City) (State) (Zip Code)

Telephone (____) _____ (____) _____
(Daytime) (Home)

Email _____

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 supply the Board Office with an official copy of your exam scores. They must be mailed directly to the Board Office.

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Application for Licensure

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 nursing home administrator's 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 Examiners? Yes No **If yes, explain circumstances on a separate page.**

Are there any charges pending or are you under investigation for unprofessional conduct? Yes No **If yes, explain circumstances on a separate page.**

Do you currently hold a Nursing Home Administrators license issued by another jurisdiction? Yes No **If yes, please list and have each jurisdiction supply the Board Office with a letter of verification directly from the State's Board Office:**

Jurisdiction	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 administrator-in-training (AIT) program, include the following information:

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

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Application for Licensure

SECTION 5: Administrative Experience

On a separate sheet of paper list and explain all past administrative experience which meets the following criteria:

- (1) It 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/her 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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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 (e.g., Jr., Sr.)

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.