

DELAWARE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

DIRECTIONS FOR TEMPORARY ADMINISTRATOR APPLICATION

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

The owner, governing body or appropriate authority of the nursing home must submit a completed and notarized application form along with the correct processing fee which can be obtained at our website at www.dpr.delaware.gov and

1. Submit a clear statement that the individual, who will be the designated temporary administrator, understands that the temporary license:
 - a. will expire 90 days after the date of issuance
 - b. may only be renewed once for an additional 90 days
 - c. and that he or she is not eligible for a subsequent temporary license within the 12 months immediately following its expiration
2. Submit an affidavit from the individual that he or she has three years of health care management experience. (Last affidavit page of application form)
3. Submit verification that the individual holds either a degree in any field from an accredited college or university or holds a current Delaware license as a RN.
4. Official state and federal back ground checks **mailed directly to the Board office from the educational institution.****

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 5 – 7 days to receive your license.

If the Board approves the application, a Temporary Administrator license is issued retroactive to the date of receipt of the application by the Board office.



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

DELAWARE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

TEMPORARY ADMINISTRATOR APPLICATION

Facility Information:

1. Name of Person Initiating Request: _____
2. Name of Facility: _____
3. Address: _____
(Street)

(City) (State) (Zip Code)
4. Phone Number: _____
5. Has the Facility acted under the operation of a Temporary Administrator permit within the past twelve (12) months? Yes No

Outgoing NHA Information:

6. Name: _____
7. Last date of employment of outgoing NHA: _____
8. Reason for departure of outgoing NHA: _____

Designated Temporary Administrator Information:

10. Name of designated Temporary Administrator: _____
11. Social Security Number: _____
12. Address: _____
(Street)

(City) (State) (Zip Code)

13. E-mail Address of Temporary Administrator: _____

14. Is the Temporary Administrator applying for permanent licensure in Delaware?
Yes No

15. Educational Background of the proposed Temporary Administrator:
Name of College/University Dates Attended Degree Received

15. Has designated Temporary Administrator completed an AIT program? Yes No
If yes, please indicate where he/she attended the program and the length of the program.

16. Has the designated Temporary Administrator completed a 100-hour or 120-hour NHA course? Y Yes No
Please indicate the name of the course and the course provider:

17. List all states where designated Temporary Administrator has been granted an NHA license: **A letter of good standing must be submitted by each state in which the designated Temporary Administrator is/has been licensed. This letter must be submitted directly to the Board office.**

Name of State	Date License Granted	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. 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.**

19. 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.**

20. 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.**

21. 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.**
22. Are any charges pending or are you under investigation regarding unprofessional conduct? Yes No
23. 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.

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- 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 5 – 7 days to receive your license.

Requesting Person/Facility’s Affidavit:

I, _____, on behalf of _____
(Name of person initiating request) (Name of Facility)

do hereby initiate a request before the Board of Examiners of Nursing Home

Administrators for _____ to be granted the authority
(Name of designated Temporary Administrator)

to serve at the facility named above in the capacity of Temporary Administrator.

Signature of person initiating request

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

SEAL

My Commission Expires: _____

Designated Temporary Administrator’s Affidavit:

I, _____, do hereby attest that the information provided
(Name of designated Temporary Administrator)

on this application for Temporary Administrator at _____
(Name of Facility)

is true and correct to the best of my knowledge and *attest that I have 3 or more years health care
management experience.*

Signature of designated Temporary Administrator

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

SEAL

My Commission Expires: _____

Instructions for Requesting a Criminal Background Check

Both state and federal criminal background checks are required of all applicants for nursing home administrator licensure as of January 5, 2008.

- Instate applicants need to call **1 (800) 464-HELP (4357)** to schedule an appointment if using New Castle or Sussex counties locations. No appointments are needed at the Kent County location.
- Out-of-state applicants can be fingerprinted by their local police agency; all types of fingerprint cards are accepted. If your local police agency can not provide a fingerprint card, please call **(302) 739-2134** to request a fingerprint card. Send your authorization for release of information and fingerprint card to the Kent County – Primary Facility below.
- One location in each county:

Kent County – Primary Facility

Delaware State Police Headquarters
1407 North DuPont Hwy – PO Box 430
Dover, DE 19903-0430
Walk-ins accepted
Customer Service: 302-739-2134

Kent County Hours of Operation

Monday: 9am – 7 pm
Tuesday – Friday: 9am – 3pm

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)
1-800-464-4357 (toll free)

Sussex County – Satellite Facility

Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd. Georgetown
(Across from DeIDOT & the State Service Ctr.)
By appointment only
Scheduling: 302-739-2528
1-800-464-4357 (toll free)

IMPORTANT: Take the completed AUTHORIZATION FOR RELEASE OF INFORMATION form to one of the offices listed above with the correct payment of \$69.00 which covers both the State and Federal criminal checks. Prices are subject to change. Contact the agency where you plan to submit your forms for current fees.

Timeline for results is between eight to ten weeks.

DO NOT SEND THIS FORM OR FEE TO THE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS OFFICE.

