



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Health Professions Licensure
 Board of Registration of Nursing Home Administrators
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 Commissioner

INITIAL AND RENEWAL

APPROVED STATUS APPLICATION

Massachusetts health care or educational organizations seeking Approved status for continuing education programs and activities must complete this application. The Board of Registration of Nursing Home Administrators must review and approve all initial and renewal applications. The Approval Status of all currently approved organizations expires December 31, 2015. Initial and renewal applications, once approved, will expire December 31, 2020. Organizations may apply for Approved status at any time.

Check one:

Initial Application

Renewal Application

Approved Status Number _____

I. Organization Information

Organization Name: _____ Phone Number: _____

Business Address (Street): _____

City/Town: _____ State _____ Zip Code _____

Website Address: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

List all names under which the applicant conducts or intends to conduct business:

II. Instructions

A. For INITIAL applications, submit the documents listed below:

1. An outline of each Nursing Home Administrator-related course the applicant intends to offer, including topics to be covered and the amount of time to be given to each topic
2. A list of each course manual and the materials to be used in training
3. A description of the teaching methods to be used (i.e., video, hands-on, lecture, etc.)
4. A list of all instructor names and their resumes
5. An example of the evaluation or examination given for each course
6. A copy of the certificate given to successful course participants
7. Student to instructor ratio to be used
8. Number of continuing education credits for proposed course.

B. For RENEWAL applications, submit the documents listed below:

1. An outline of each Nursing Home Administrator-related course the applicant intends to offer, including topics to be covered and the amount of time to be given to each topic
2. A list of each course manual and the materials to be used in training
3. A description of the teaching methods to be used (i.e., video, hands-on, lecture, etc.)
4. A list of all instructor names and their resumes
5. An example of the evaluation or examination given for each course
6. A copy of the certificate given to successful course participants
7. Student to instructor ratio to be used
8. Number of continuing education credits for proposed course and all New Programs
9. All approved programs if there have been changes in faculty or significant changes in course programs since the last renewal.

III. To be signed and dated by the Organization's Contact Person:

I, _____, will ensure that all continuing education activities
(Print Name and Title)
presented, sponsored, or approved by my organization will meet all applicable program content
and administrative guidelines pursuant to 245 CMR 2.12(4).

SIGNATURE: _____ DATE: _____

Board Use Only

Approved by Board on: - - / - - / - - - -