



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
239 CAUSEWAY STREET, SUITE 500
BOSTON, MA 02114
800-414-0168
617-973-0806
www.mass.gov/dph/boards/nh

**INSTRUCTIONS FOR ADMINISTRATOR IN TRAINING [AIT] APPLICATION
NURSING HOME ADMINISTRATOR**

Please read these instructions carefully. All AIT supporting materials must be submitted at the same time. Applications will not be reviewed by the Board until all documentation has been received.

General Information About the Application Process:

To facilitate the processing of your application, please ensure that you provide all the information requested. **DO NOT LEAVE BLANKS**. If you are unable to provide the requested information, attach a separate sheet with an explanation. Missing information will delay the processing of your application.

As an applicant, it is your responsibility to ensure that ALL supporting documentation for licensure is sent directly to the Board and to check with the Board on the status of your application.

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. Incomplete applications will be returned to applicant.

1. **THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TOGETHER BY MAIL:**

- a. Completed application form, signed and dated by the applicant and notarized.
- b. 2x2 passport style color photo (white or off-white background); copies and printer generated photos are not acceptable.
- c. Check or money order payable to the Commonwealth of Massachusetts for \$75.00; cash or foreign currency is not accepted.
- d. Signed and notarized Criminal Offender Record Information (CORI) Acknowledgement Form obtained from the Board's website.
- e. Written request from the applicant for the proposed AIT internship, including the name of the preceptor, the facility at which the training will take place, number of beds and **any requests for credit for academic and/or professional experience**.
- f. Letter from the proposed preceptor to the Board requesting that he/she be approved as the preceptor. The preceptor must be a Massachusetts licensed administrator in good standing with at least five years of Nursing Home Administration experience.

- g. Detailed outline of the proposed Internship.

NOTE A: the Preceptor Guidelines cannot be submitted as the internship outline.

NOTE B: Once approved, the preceptor must submit a 3 and 6 months progress reports with completed hours directly to the **Board of Registration of Nursing Home Administrators, Bureau of Health Professions Licensure, 239 Causeway Street, Suite 500, Boston, MA 02114.**

- h. Signed agreement between the preceptor and the candidate. The agreement must state where the training is to be held, number of beds in the facility, and if it is a multi-level or skilled facility.
- i. Current resume.

2. **THE FOLLOWING DOCUMENTS MUST BE RECEIVED BY THE BOARD IN SIGNED, SEALED ENVELOPES:**

- a. Official transcripts in signed, sealed envelopes for all undergraduate degrees and any other post-secondary degrees. When requesting official transcripts, please inform each school's registrar that the **transcript must be complete and indicate the degree and date conferred in mm/dd/yyyy format.** Transcripts may be sent directly to the Board by the institutions.
- b. Verification of licensure status, in signed, sealed envelopes, from any state or jurisdiction in which you now or have previously held any professional license. Verifications must be sent directly to the Board by the state or jurisdiction.
- c. If you hold, or have ever held, any professional license or certification, you must request a National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank Self-Query and submit the **Original** report in a signed and sealed envelope with this application. To request a Self Query, please contact the National Practitioner Data Bank at 1-800-767-6732 or <http://www.npdb.hrsa.gov/>. Keep a copy for your records.

NOTE: If you do NOT hold and have never held any professional licenses in any other state, you do not need to submit a National Practitioner Data Bank self-query.

- 3. THE Board will notify AIT candidates in writing if the proposed program is approved and the start date of the program.
- 4. AT the completion of the AIT program, the Preceptor must submit a final report to the Board for approval. When your AIT program has been completed and approved by the Board, you will be notified by letter of the procedure for taking the licensure examination. You will also be notified to submit the **Administrator Affidavit Certificate of Internship Training.**
- 5. Applications are void if requirements for the administrator in training program are not met within one (1) year from the date of Board receipt of this application. **All fees are non-refundable and non-transferable.**

6. Submission of a completed application acknowledges that the applicant understands and agrees to provisions herein.
7. Applications must be submitted on single-sided pages.
8. Retain a copy of the complete application and supporting documentation for your records.

IMPORTANT INFORMATION

An administrator in training applicant/trainee must notify the Board in writing of any changes in the applicant/trainee's information within thirty (30) days of their occurrence, including but not limited to any change of address and any name change.

The address of record is where the Board mails your license and any correspondence. **Failure to update your address of record may result in failure to receive a license renewal application.**

Your address is a **PUBLIC RECORD** that is available to anyone who requests it. Address changes may be done online at the board's website www.mass.gov/dph/boards/nh or you may obtain a form online to submit to the Board's office.

Answers to many questions may be found on the Board's website (www.mass.gov/dph/boards/nh). Statutes and regulations governing the AIT Program may be found on the website; they are also available for purchase from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.

For further information, please contact the Board office at 1-800-414-0168 or 617-973-0806.



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**APPLICATION AND CHECKLIST
NURSING HOME ADMINISTRATOR IN TRAINING PROGRAM**

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. Incomplete applications will be returned to applicant.

The following **must** be included for a complete application. Please complete and enclose this checklist with your application. Applications will not be reviewed by the Board until they are complete. Applications must be mailed to the above address in one envelope.

- Completed Application Form with:
 - Signed and notarized affidavit
 - 2x2 passport style color photo
 - Signed and notarized Criminal Offender Record Information (CORI) Acknowledgement Form
 - Check or money order payable to the Commonwealth of Massachusetts for \$75.00.

- Letter from the candidate to the Board requesting approval to be an AIT(include name of the proposed preceptor, the facility where the AIT will take place, and **any requests for credit for academic and/or work experience**).

- Letter from Preceptor to Board requesting that he/she be approved as the preceptor(preceptor must be a MA licensed administrator in good standing with at least five years of nursing home administrator experience).

- Detailed outline of the proposed internship.

- Letter of agreement between the candidate and the preceptor stating that they agree to the terms of the proposed internship.

- Resume

- Official transcripts (in signed and sealed envelopes)

- Verification of licensure status from any state or jurisdiction in which you now or have previously held any professional license (in signed and sealed envelopes, and sent directly to the Board by the state or other jurisdiction).

- Original** report form National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank if you hold, or have ever held, a professional license.

- Application must be submitted on single-sided paper.

EDUCATION

9. BACHELOR'S DEGREE SCHOOL NAME/LOCATION: _____

DEGREE: _____ DATE AWARDED: ____/____/____
(mm/dd/yyyy)

Submit official transcript in a signed, sealed envelope. Transcripts must be mailed directly to the Board.

10. OTHER POST-SECONDARY INSTITUTION(S)/LOCATION(S): _____

DEGREE: _____ DATE AWARDED: ____/____/____
(mm/dd/yyyy)

Submit official transcript in a signed, sealed envelope. Transcripts must be mailed directly to the Board.

Please list additional post-secondary institutions on a separate sheet and request that transcripts be submitted directly to the Board as noted above.

VERIFICATION OF OTHER LICENSES/BOARD CERTIFICATIONS

11. LIST BELOW ALL OTHER PROFESSIONAL LICENSES AND BOARD CERTIFICATIONS EVER HELD; INCLUDE ALL STATES AND JURISDICTIONS

I DO NOT CURRENTLY HOLD AND HAVE NEVER HELD A PROFESSIONAL LICENSE OR CERTIFICATION IN ANY STATE OR JURISDICTION.

<u>Issuing State/ Jurisdiction</u>	<u>Profession</u>	<u>License/Certification Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANTS MUST ARRANGE FOR OFFICIAL DOCUMENTATION OF CURRENT LICENSE STATUS FROM EACH STATE OR JURISDICTION TO BE MAILED DIRECTLY TO THE BOARD.

QUESTIONS

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES.

12. Have you ever been denied a license, or ever withdrawn or attempted to withdraw an application, for any professional license in the United States or any country or foreign jurisdiction?

Yes No

13. Has any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes No

14. Are you the subject of any pending disciplinary action by any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction?

Yes No

15. Have you ever voluntarily surrendered or resigned any professional license or board certification in the United States or any country or foreign jurisdiction?

Yes No

16. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of \$250 or less was imposed.

Yes No

17. Have you ever been court martialed or other than honorably discharged from the armed services (military) of the United States or of any country or foreign jurisdiction?

Yes No

RELEASE

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Registration of Nursing Home Administrators any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Registration of Nursing Home Administrators to release information contained in this application in association with its processing.

AFFIDAVIT OF APPLICANT

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for the AIT program I understand that a CORI check may be conducted by the Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as an administrator in training in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for the administrator in training program shall be deemed no longer valid if requirements are not met within one (1) year from the date of Board receipt. I also understand that fees are non-refundable and non-transferable.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application be grounds for the Board of Registration of Nursing Home Administrators to deny the application; and to suspend or revoke permission to participate in the program, all in accordance with Massachusetts law.

APPLICANT SIGNATURE _____ DATE _____

PRINT NAME _____

Attach a recent color 2x2 passport photo

NOTARY NAME: _____

COMMISSION EXPIRES: _____

[Seal]

INCLUDE A NONREFUNDABLE , NONTRANSFERABLE FEE OF \$75.00 (CHECK OR MONEY ORDER) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS
COMMONWEALTH OF MASSACHUSETTS
PRECEPTOR GUIDELINES
ADMINISTRATOR IN TRAINING

- I. GENERAL ADMINISTRATION**
Corporate Structure
Methods of Supervision
Pre-Admission and Admission of Patient
Business Correspondence
Employer-Employee Relations
State and Federal Regulation
Relationships with Dept. of Public Welfare
Financial Records
- II. NURSING**
Knowledge of Nursing Functions
The Director of Nurses, RN's, LPN's & Aides
Physician Responsibilities
Tour of Stations
Medical Records
Drug Routines & Requirements
- III. DIETARY**
The Dietary Staff
Food Preparation & Services
Record Keeping
In-Service Education
Staff Meetings
- IV. HOUSEKEEPING, MAINTENANCE & LAUNDRY**
Philosophy and Goals of Department
Administering Duties
Record Keeping
- Inspections
Scheduling of Personnel
Cleaning and Maintenance Techniques
- V. SOCIAL SERVICES & CONSULTANT**
Admission Procedures
Transfer Procedures
Discharge Procedures
Family Counseling
The Social Worker
The Physical Therapist
The Occupational Therapist
The Dietician
The Pharmacist
- VI. PERSONNEL MANAGEMENT**
Philosophy and Goals of Department
Personnel Policies, Procedures, & Requirements
Counseling & Coordination
Problem Solving/Union Relations
Wages & Benefits
- VII. BUSINESS OFFICE**
Methods of Bookkeeping
Billing Procedures
Payroll
Purchasing Procedures
Insurance Consideration
Medicare/Medicaid, Commercial, VA, private sources of reimbursement and regulations regarding each source.