

Wisconsin Department of Safety and Professional Services

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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

NURSING HOME ADMINISTRATOR EXAMINING BOARD

VERIFICATION OF EXPERIENCE IN THE FIELD OF INSTITUTIONAL ADMINISTRATION

APPLICANT: Complete top portion of this form and forward to supervisor at facility where employed. If the supervisor is no longer available to complete this form, the personnel manager or any other person authorized by the facility's administrator may complete it. If more than one employer will be verifying experience, you may make additional copies of this form. Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation of employment will delay processing of your credential application.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (street, city, state, zip)

APPLICANT'S SUPERVISOR: Complete section below and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPSCREDNHA@wisconsin.gov. Each supervisor must sign and date this form to verify the applicant's exposure to and knowledge of their respective areas.

The above-named applicant has filed an application for licensure as a Nursing Home Administrator in the State of Wisconsin. One of the qualifications for licensure is experience in the field of institutional administration gained in a licensed nursing home per [Wis. Admin. Code § NHA 1.02](#). Your statement will affect the applicant's eligibility for licensure.

Name of Employing Facility	Facility License Number
<input type="text"/>	<input type="text"/>

Facility Address (street, city, state, zip)	Licensing Governmental Agency for Facility
<input type="text"/>	<input type="text"/>

Name of Facility's Administrator	Administrator's License Number
<input type="text"/>	<input type="text"/>

Name of Applicant's Supervisor	Title of Supervisor
<input type="text"/>	<input type="text"/>

Applicant's Title while Employed	Supervisor's Telephone Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Employment Period: (include month, day, and year) From: / / To: / /

Hours Worked:

Full-Time Number of Hours Per Week:

Part-Time Number of Hours Per Week:

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Experience Gained

“Experience in the field of institutional administration” means work experience acquired in any consecutive 36-month period within the 5-year period immediately preceding the date of application for licensure, as an employee, student, trainee or intern in the total operation and activities of a nursing home under the supervision of persons licensed under [Wis. Stat. ch. 456](#), or holding the equivalent license in another state recognized by the board, and exposure to and knowledge of the following categories per [Wis. Admin. Code § NHA 1.02\(1\)](#). Check the categories in which the applicant gained exposure to and knowledge of during the time you were his/her supervisor.

(a) Fiscal management, including, but not limited to:

- Financial planning, forecasting, and budgeting
- Accounting practices and principles
- Fiscal intermediaries
- Public finance programs
- Management of residents’ funds

Signature of Business Manager:
(Print and Sign Form)

Date Completed: / /

(b) Environmental services, including, but not limited to:

- Preventive maintenance programs for buildings and equipment
- Sanitation procedures, practices, and policies
- Design needs of the disabled
- Environmental safety practices, policies and procedures, and accident prevention
- Maintenance, housekeeping, laundry, and security functions
- Relationship between health facility management
- Governmental environmental service providers

Signature of Maintenance Supervisor:
(Print and Sign Form)

Date Completed: / /

Signature of Housekeeping Supervisor:
(Print and Sign Form)

Date Completed: / /

(c) Resident services, including but not limited to:

- Therapy services
- Physician services
- Social services
- Resident food services
- Resident activities
- Patient care
- Drug handling and control
- Nursing services
- Rehabilitative and restorative

Signature of Director of Nursing:
(Print and Sign Form)

Date Completed: / /

Signature of Social Services Director:
(Print and Sign Form)

Date Completed: / /

Signature of Recreational Therapy Director:
(Print and Sign Form)

Date Completed: / /

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(d) Personnel management, including, but not limited to:

- Recruiting, interviewing, hiring, training
- Reviewing, disciplining, supervising of employees
- Recordkeeping
- Preparation of statistical reports
- Wage and salary administration
- Health care staffing patterns
- Human relations
- Administering fringe benefit programs
- State and federal employment regulations

Signature of Personnel Director/Administrator: Date Completed: / /

(e) State and federal inspections for compliance with applicable nursing home laws, rules and regulations.

Signature of Administrator: Date Completed: / /
(Print and Sign Form)

Certification of Nursing Home Administrator:

I hereby certify that I am a licensed Nursing Home Administrator in the State of Wisconsin, and the applicant listed above has gained exposure to and knowledge of all areas identified above, that I have no hesitations in recommending this applicant for Nursing Home administrator licensure, and that I understand that if any information provided or verified by me in this application is found to be false, I may be disciplined by the Nursing Home Administrators Examining Board under [Wis. Stat. § 456.10](#).

Signature of Nursing Home Administrator: Date: / /
(Print and Sign Form)

Print Name of NHA listed above: License #: