

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

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

NURSING HOME ADMINISTRATOR EXAMINING BOARD

INFORMATION FOR COMPLETING NURSING HOME ADMINISTRATOR APPLICATION

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Nursing Home Administrator License (Form #418)**
2. **Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Examinations** – Passing scores on: (3a) the National Association of Long Term Care Administrator Boards (NAB)-administered Core of Knowledge Examination for Long Term Care Administrators; (3b) the NAB-administered National Nursing Home Administrators Line of Service Examination; and (3c) the Wisconsin state law examination are required. To apply for these examinations, see Application for Examination ([Form #1573](#)). (Active certification as a health services executive granted by NAB shall be accepted as evidence of satisfying 3a and 3b.)
4. **Education/Training** – If satisfying the education component via completion of a regular course of study ([Wis. Admin. Code § NHA 1.02\(7\)](#)), a program of study ([Wis. Admin. Code § NHA 1.02\(6\)](#)), or specialized courses ([Wis. Admin. Code § NHA 1.02\(8\)](#)), submit verification of education completion. Official transcript(s) or certificate(s) of completion must be submitted from the school(s) where training was completed. (Active certification as a health services executive granted by NAB shall be accepted as evidence of satisfying the education requirement.)
5. **Verification of Experience in the Field of Institutional Administration (Form #71) (if applicable)** – **An applicant for the examination is not required to have completed the education or experience requirement prior to taking the examinations.** Applicants that have completed a regular course of study, including a supervised practicum ([Wis. Admin. Code § NHA 1.02\(7\)](#)), are not required to submit Form #71 if the practicum is noted on their transcripts. Applicants completing a **program of study** or **specialized courses**, however, **upon passing the required examinations, must** submit evidence of successful completion of one year of experience in the field of institutional administration ([Wis. Admin. Code § NHA 1.02\(2\)](#)). Form #71 needs to be completed by the supervisor at the facility where applicant was/is employed. (Active certification as a health services executive granted by NAB shall be accepted as evidence of satisfying the experience requirement.)

Approved Courses of Study: [Wis. Admin. Code § NHA 3.01](#) requires all regular courses of study, programs of study, and specialized courses be approved by the Board. Courses are approved only on the basis that they meet the requirement as specified in [Wis. Stat. § 456.04\(4\)](#). (Questions can be directed to the credentialing team at DSPSCredNHA@wisconsin.gov or 608-266-2112.)

To Apply for Licensure by Reciprocity:

1. **Application for Nursing Home Administrator License (Form #418)** – Prior to applying for licensure, applicant must have passed the Wisconsin State Law Exam. To apply for the examination, see Application for Examination ([Form #1573](#)).
2. **Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Verification of Licensure (Form #419)** – Must be completed by each state licensing Board or agency in which you hold a credential. A photocopy of the credential is not acceptable. (To apply via reciprocity, applicant must hold a current, unrestricted license issued by the proper authorities in any other jurisdiction. License should remain current until the Wisconsin credentialing process is complete.)
4. **Reciprocity Experience Record (Form #2470)** – Submit evidence of having practiced as a Nursing Home Administrator for at least 2,000 hours of practice as a nursing home administrator in any consecutive 3-year period within the 5-year period immediately preceding the date of application ([Wis. Admin. Code § NHA 4.015\(1\)](#)).
5. **Education/training** – Per Wis. Admin. Code § NHA 4.015(2) provide evidence of one of the following:
 - Bachelor’s degree in any field that was obtained from an accredited college or university (official transcripts required); or
 - Current certification as a nursing home administrator granted by the American College of Health Care Administrators; or
 - Current certification as a health services executive granted by NAB.

Late Renewal Applicants (Wisconsin license expired more than 5 years) are required to submit the following: (1) Form 418 and applicable fees; (2) an affidavit that licensee has not practiced as a nursing home administrator after July 1 of the biennial period for which the licensee was last currently registered; and (3) certification from the licensee that the continuing education required under [Wis. Admin. Code § NHA 3.02](#) has been completed (Wis. Admin. Code § 4.02(2)(b)).

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ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "PROFESSIONS," then "Nursing Home Administrator" for information.

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive states.)

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Form #419 must be completed by each state licensing board or agency in which you hold a credential. A photocopy of the credential is not acceptable.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal or state law or do you have any felony, misdemeanor, or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form #2252 and required documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever failed to pass any state board examination or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

A citizen or national of the United States, or

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

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AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: Date: / /

(Print and Sign Form)