Colorado Division of Professions and Occupations
Board of Examiners of Nursing Home Administrators
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7796 / Fax: (303) 894-7764
www.dora.colorado.gov/professions

REINSTATEMENT APPLICATION—NURSING HOME ADMINISTRATOR

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Nursing Home Administrator in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure by this method are outlined in the Colorado Revised Statutes, specifically section 12-39-110, and Boards Rules I and II.E. Statutes and Rules are available online at www.dora.colorado.gov/professions/nursinghomeadministrators.

About the Application. This application is to be completed by you and returned to the Board of Examiners of Nursing Home Administrators. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records.

State Examination. Only if you are reinstating a license that has been expired for more than two (2) years will you be required to sit for the State examination. After your completed application has been received, reviewed, and approved, you will receive notification of your eligibility to sit for the exam. You must take and pass the exam within one (1) year after approval has been granted. Upon successful completion of the State examination, a license shall be issued. Effective through March 31, 2013, the State examination is held on the 2nd and 4th Tuesday of each month at 1560 Broadway, Suite 1350. Beginning April 1, 2013, the State examination will be administered by computer through a collaborative arrangement between the Board and NAB. You will receive instructions for scheduling the State examination in writing from Division staff once you have been approved to take the State examination.

The multiple choice State examination covers Colorado's laws, rules, and regulations regarding the practice of nursing home administration as well as standards for nursing homes developed by the Colorado Department of Public Health and Environment (CDPHE).

Applicants should obtain and review the following documents in preparation for the State examination:

- *Nursing Home Administrator Statute and Rules* are available online at www.dora.colorado.gov/professions/nursinghomeadministrators.
- Candidates are responsible for obtaining copies of the *Standards for Health Facilities*, published by the Colorado Department of Public Health and Environment, Health Facilities Division. You may obtain the *Standard for Health Facilities (Chapter II, III, V, and VIII)* online at their website: www.cdphe.state.co.us.

Applicants with Disabilities. Applicants who need modifications in the examination administration because of a disability should submit an ADA Request form, available online at www.dora.colorado.gov/professions/ADA, or you may call (303) 894-7800 to request that one be mailed to you. The ADA Request Form should be submitted at the same time as the application.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

APPLICANT INSTRUCTIONS (Continued)

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between November 1, 2012 and February 28, 2013 will reflect a license expiration date of February 28, 2014. Licenses issued prior to November 1, 2012 will reflect an expiration date of February 28, 2013, and must renew in the upcoming renewal period.

- All Nursing Home Administrators expire on the last day of February of each year and must be renewed to continue practicing.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application. (To check your application online, you must have a Social Security Number).

APPLICANT CHECKLIST

Qualifications: You must meet the following requirement:

☐ Have an expired Nursing Home Administrator license in the State of Colorado.

If you do not meet the above requirement, do not complete this application.

In order to apply for reinstatement of your expired Nursing Home Administrator license and be eligible to sit for the State Examination:

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Board of Examiners of Nursing Home Administrators.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado.* All fees are non-refundable and subject to change every July 1.

☐ **Complete and return the attached Affidavit of Eligibility.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.

☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

APPLICANT CHECKLIST (Continued)

If you practice Nursing Home Administration or any health care occupation in any jurisdiction since your Colorado NHA license expired:

☐ **Submit verification from each jurisdiction in which you currently hold, or have ever held licensure to practice Nursing Home Administration.**

- Use the attached *License Verification* form.
- An official designee of the licensing agency must execute the completed form.

☐ **Submit verification** from each jurisdiction in which you currently hold, or have ever held licensure in any other health care occupation (i.e., Registered or Licensed Practical Nurse, Nurse Aide, Social Worker, Physical Therapist, etc.).

- DO NOT use the attached *License Verification* form for this purpose.
- The information submitted by the licensing agency must verify the current status of your license and indicate whether any disciplinary action is pending or has been taken against your license, including any final disposition.
- An official designee of the licensing agency must attest to the accuracy of the verification.

If your license has been expired more than two (2) years:

☐ **Submit an office HIPDB report.** For instructions, contact NPDB-HIPDB at www.npdb-hipdb.hrsa.gov or by phone at (800) 767-6732.

☐ **You must demonstrate competency to practice.** See Part 3—*Competency to Practice* section of the application.

☐ **You must take and pass the State Examination.** You will be notified of that process once your application has been approved.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Board of Examiners of Nursing Home Administrators
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7693 www.dora.colorado.gov/professions V/TDD 711

Consumer Protection

Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
(if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. ☐ I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. ☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. ☐ I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
   a. ☐ I am a U.S. citizen, not physically present or employed in the United States.
   b. ☐ I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Driver's license or permit				
☐ Government issued ID card				
☐ Valid U.S. military ID/common access card				
☐ Colorado Department of Corrections inmate ID				
☐ Tribal ID card				
☐ U.S. passport				
☐ Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Certificate of (U.S.) Citizenship				
☐ Valid Temporary Resident card				
☐ Valid I-94 issued by Canadian government				
☐ Valid I-94 with refugee/asylum stamp				

☐ Valid I-766 (Employment Authorization Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)

☐ Valid I-551 (Resident Alien or Permanent Resident Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)

☐ Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94

Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)

☐ Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa

Issuing foreign country: **Passport Number:**

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

_____
Print Full Legal Name

_____ _____
Signature (Full Name) Date

Division of Professions and Occupations
Board of Examiners of Nursing Home Administrators
(303) 894-7796 / Fax (303) 894-7764
www.dora.colorado.gov/professions

Reinstatement Application
NURSING HOME ADMINISTRATOR
Fee: $469

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth** (mm/dd/yyyy)**:**	**Gender:** ☐ Male ☐ Female	
Place of Birth (City and State, or Foreign Country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: **( )**	**E-mail Address:** Preferred method for communication: ☐ Mail ☐ E-mail		

PART 2—LICENSE INFORMATION

Since the date your Colorado license expired, have you been practicing Nursing Home Administration through planning, organizing, directing, and control of the operation of a nursing home:

(a) in the State of Colorado? ☐ YES ☐ NO

- If **YES**, what dates did you practice? Attach an explanation. From: To:

(b) in another jurisdiction? ☐ YES ☐ NO

- If **YES**, what dates did you practice? Attach an explanation. From: To:

I have not practiced since by license expired due to the following reasons:

List each state, territory, or country in which you are or have ever been licensed to practice Nursing Home Administration (if needed, attach an additional sheet using the same format). If not applicable, enter N/A.

State/Jurisdiction	License Number	Year license Issued	Disciplinary action against license?	Is this license current/active?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

*** Social Security Number Disclosure.** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

APPLICANT NAME: _____

PART 3—EXPERIENCE

List below your work experience for the past two (2) years in chronological order beginning with the most recent (if needed attach an additional sheet in the same format).

Dates (from / to)	**Name of Employer, City, State**	**Supervisor**
Title / Duties	☐ **Nursing Home** ☐ **Hospital**	**Reason for Leaving**
Dates (from / to)	**Name of Employer, City, State**	**Supervisor**
Title / Duties	☐ **Nursing Home** ☐ **Hospital**	**Reason for Leaving**
Dates (from / to)	**Name of Employer, City, State**	**Supervisor**
Title / Duties	☐ **Nursing Home** ☐ **Hospital**	**Reason for Leaving**
Dates (from / to)	**Name of Employer, City, State**	**Supervisor**
Title / Duties	☐ **Nursing Home** ☐ **Hospital**	**Reason for Leaving**

PART 4—COMPETENCY TO PRACTICE

If your license has been expired for <u>more than two (2) years</u>, you must demonstrate to the Board that you are competent to practice within your profession. Check one of the following below to identify how you will demonstrate competency to practice:

☐ Verification of active practice for the two (2) years immediately preceding the receipt of this application; **—OR—**

☐ Verification of practice for a specified time in Colorado under a restricted or probationary license; **—OR—**

☐ Verification of successful completion of remedial courses ordered by the Board; **—OR—**

☐ Any other professional standard or measure of continued competency as determined by the Board including successful completion of the state and national examinations.

PART 5—MILITARY QUESTIONS

1. Are you a Member of the U.S. military? ☐ YES ☐ NO
   - If **YES**, provide information below:

Branch:	Duty Station:

2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ☐ YES ☐ NO
   - If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.

APPLICANT NAME: _____

PART 6—SCREENING QUESTIONS

You must provide as a detailed and comprehensive attachment to this application the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome
- A copy of final disposition of Board or Court order.
- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1.	Has your license to practice nursing home administration or any other health care profession been suspended, revoked, or otherwise disciplined in Colorado, any other state or territory of the United States, or any country?	☐ YES	☐ NO
2.	Have you ever voluntarily surrendered or relinquished a license to practice nursing home administration or license to practice any other health care profession in Colorado, any other state or territory of the United States, or any country? (This does not include allowing your license to expire solely due to non-payment of the renewal fee.)	☐ YES	☐ NO
3.	Have you been denied a license to practice nursing home administration or to practice any other health care profession in Colorado, any other state or territory of the United States, or any country?	☐ YES	☐ NO
4.	Is any disciplinary action pending against you in Colorado, any state or territory of the United States, or any country with regard to the practice of nursing home administration or the practice of any other health care profession?	☐ YES	☐ NO
5.	Have you ever been convicted of a felony, pled guilty or *nolo contendere* to a felony, or received a deferred judgment with regard to a felony?	☐ YES	☐ NO
6.	Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice nursing home administration safely and competently?	☐ YES	☐ NO
7.	Do you now or have you, in the last five years, participated in the unlawful use of controlled substances as specified in C.R.S. 18-18-404?	☐ YES	☐ NO
8.	In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice nursing home administration safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?	☐ YES	☐ NO
9.	Are there any other facts or information concerning your background, history, experience, or activities that may have a bearing on your fitness to practice nursing home administration in Colorado?	☐ YES	☐ NO

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature **Date**

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LICENSE VERIFICATION

TO STATE LICENSING BOARD:

This applicant identified below is applying for licensure as a Nursing Home Administrator in the State of Colorado. Provide the information below concerning this applicant.

Applicant Name: *(as shown on your records)*	**Date of Birth:**	**State of Original Licensure:**

Type of License	**Original License Number**	**Issue Date**	**Expiration Date**	**Is this license current/active?**
				☐ YES ☐ NO

Method of Licensure: ☐ **Examination** ☐ **Endorsement** ☐ **Reciprocity** ☐ **Credentialing**

Colorado Examination Requirements

Note: In Colorado, passing scores on national written examinations are:

- PES – 113 passing raw score (100 for applicants who took the exam prior to August 1, 1980).
- NAB – 113 passing raw score (105 for applicants who took the exam prior to August 1, 1980).
- NAP – SCALE SCORE PASSING POINT – 113 effective June 15, 1990 to present.

Applicant took:

☐ PES examination Passing Raw Score? ☐ YES ☐ NO

☐ NAB examination Passing Raw Score? ☐ YES ☐ NO

Passing Scale Score? ☐ YES ☐ NO

☐ State/Other exam Passing Score? ☐ YES ☐ NO ☐ N/A

☐ N/A

If license was granted to practice Nursing Home Administration, was the applicant required to complete an Administrator-In-Training program in your jurisdiction? ☐ YES ☐ NO ☐ N/A

- If **YES**, number of **hours** (do not provide in days, months, or years):

Has the applicant ever been disciplined by your Board, or is disciplinary action or investigation now pending? ☐ YES ☐ NO

- If **YES**, please submit relevant documents and explain:

I certify that the information provided is true and correct, according to the records of this Board.

Official Designee Signature:		***BOARD SEAL***
Agency Name:		
Agency Address:		
Agency Telephone Number: ( )	**Date:**	

RETURN THIS COMPLETED AND EXECUTED FORM TO THE APPLICANT