BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

APPLICATION FOR ANNUAL LICENSE RENEWAL

Please Provide The Following Information:

License No:

Name:
Address:

City/State/Zip:

OFFICE USE ONLY

C/R -- 03

DATE MAILED

ADDRESS CORRECTION

Name_____

Address_____

City_____

State_____ ZIP Code_____

Phone/Area Code ( ) _____

FAILURE TO RETURN THIS FORM WILL BE CONSIDERED ABANDONMENT OF LICENSE

LICENSE MUST BE RENEWED BY:

INSTRUCTIONS:

1. Registration fee: **$300.00**. Make check/money order payable **to "Treasurer, State of Ohio."**
   Send check/money order to**: Accounts Receivable Unit, P.O. Box 15278, Columbus, OH 43215**.

IMPORTANT! Be sure the Yellow Transmittal Sheet is sent with the check/money order.

IMPORTANT! ***Indicate the NHA name plus #1306 in the Remarks section of your personal check.***

2. Complete this form **front and back** and **attach** continuing education certificates.
3. Mail this form with attachments to: **Ohio Department of Health**
   Board of Examiners of Nursing Home Administrators
   35 East Chestnut Street (5th Floor)
   Columbus, OH 43215

CHECK THE APPROPRIATE BOX(S) BELOW

☐ I am practicing nursing home administration in the below facility(s).

☐ I am **NOT** practicing nursing home administration in the below facility(s).

☐ I wish to renew.

☐ I do **NOT** wish to renew.

ODH NURSING HOME NUMBER (Not License Number)	PLACE(S) OF EMPLOYMENT Enter all requested information covering the past 12 months for each place of employment or occupation/profession	DATES OF EMPLOYMENT "X" if Still Employed			JOB CODES A - Nursing Home Administrator of Facility B - Assistant Nursing Home Administrator of Facility C - Director of Nursing D - Other Nursing Capacity E - Other (Specify) _____							
		Began Mo/Yr	X	Left Mo/Yr	Job Code	NUMBER OF HOURS WORKED PER WEEK/PER HOME						
						Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Name of Facility											
	County State Phone w/Area Code											
	Name of Facility											
	County State Phone w/Area Code											
	Name of Facility											
	County State Phone w/Area Code											

TITLE OF CONTINUING EDUCATION PROGRAM	PROVIDER NAME CITY/STATE	DATES		COLLEGE CREDIT HOURS EARNED (ENTER HOURS)	CEU TYPE (ENTER NUMBER OF HOURS)			BENHA OR NAB APPROVAL NUMBER
		FROM Mo/Day/Yr	TO Mo/Day/Yr		PREFERRED CERTIFIED	LTD	SELF STUDY	

ENTER TOTAL HOURS _____+ _____+_____+_____= _____ **TOTAL CEU HOURS**

NOTE: Twenty (20) hours of approved continuing education credits are required for the annual renewal of your NHA license. Only accept whole hours and round down to the next lowest whole hour. For example, 2.25 will only count as 2 hours. Per Chapter 4751-1-13 of the Ohio Revised Code, the Board will only accept a maximum of six (6) hours of continuing education credits from a "LIMITED PROVIDER." Limited Providers are identified by the BENHA approval numbers with the letter "L" in the middle (e.g. 000-L-00). **Only five hours of self-study courses will be counted toward your annual CEU total.** Self-Study courses include any course conducted outside a traditional class setting.

MISREPRESENTATION OR FALSIFICATION OF INFORMATION IN THIS APPLICATION MAY RESULT IN SUSPENSION OR REVOCATION OF THE NURSING HOME ADMINISTRATOR LICENSE.

AFFIDAVIT OF APPLICANT

APPLICANT'S SOCIAL SECURITY NUMBER_____

Social Security number must be collected by the Board of Examiners of Nursing Home Administrators pursuant to 42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pt. 61 for potential disclosure to the Federal Department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB).

Have you been found guilty of, or plead guilty or no contest to a felony? **Yes** ☐ **No** ☐

I hereby certify that the information provided herein is complete and accurate and that there are no misrepresentations, omissions, or falsifications in the statements and answers I have given.

Applicant's Signature_____ NHA License Number_____

Subscribed and Sworn to Before Me This_____ Day of _____, 20_____.

SEAL

Signature of Notary_____ Commission Expires_____

State_____ County_____