

## Nursing Home Administrator (NHA)

### NEW LICENSE APPLICATION

#### CHECKLIST- By EXAMINATION

**IMPORTANT:**

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before submitting your **ONLINE** application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	CHECK MARK
<b>1. All Pages of Application</b>		
All pages of the <a href="#">online application</a> must be completed and submitted.	<b>ONLINE</b>	<input type="checkbox"/>
<b>2. Demographic Information</b>		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	<b>ONLINE</b>	<input type="checkbox"/>
<b>3. Social Security Number</b>		
If you do not have social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B)	<b>ONLINE</b>	<input type="checkbox"/>
<b>4. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face with white background</b>		
The photo must be original and cannot be a computer-generated copy, or paper copy.	<b>ONLINE</b>	<input type="checkbox"/>
<b>5. One (1) photocopy of a current government issued</b>		
This can be a driver's license or passport.	<b>ONLINE</b>	<input type="checkbox"/>
<b>6. Name Change Documents (If applicable)</b>		
Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are <u>marriage certificates</u> , <u>divorce decrees</u> or <u>court orders</u> .	<b>ONLINE</b>	<input type="checkbox"/>
<b>7. Three (3) Character Reference Forms</b>		
<a href="#">Three (3) Character References</a> from a licensed Health Professional in a jurisdiction of the United States in good standing who have personal knowledge of the applicant's abilities and qualifications in the profession of Nursing Home Administration. It can be sent by <b>mail</b> (899 North Capitol St, NE, 1 <sup>st</sup> FL) but preferably <b>via email</b> ( <a href="mailto:dcboltc@dc.gov">dcboltc@dc.gov</a> ).	<b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail and must come directly from references)</i>	<input type="checkbox"/>

CHECKLIST ITEMS (Cont.)	SUBMISSION METHODS	Check Mark
<b>8. Resume</b>		
A copy of updated resume should be uploaded.	ONLINE	<input type="checkbox"/>
<b>9. Official Sealed Undergraduate School Transcript(s)</b>		
Undergraduate Transcript showing proof of degree should be provided in a sealed envelope from the issuing institution the applicant attended. <ul style="list-style-type: none"> <li><b>Send Via Official Email or Mail:</b> An official electronic transcript is acceptable from the issuing institution/agency if <b>directly sent from the school</b> to the Board (<a href="mailto:dcboltc@dc.gov">dcboltc@dc.gov</a>) via their secure electronic network or mail it to DC Board of Long Term Care Administration, 899 North Capitol Street, NE, 1st Floor, Washington DC 20002.</li> </ul> <p><b>Foreign Educated Only:</b> Transcripts from a foreign school in a foreign language must have evaluated by World Education Services (WES).</p>	E-MAIL or MAIL (Preferably via E-Mail and must come directly from the school/issuing institution)	<input type="checkbox"/>
<b>10. Official Sealed Professional Training Transcript(s)</b>		
Professional Training Transcript showing proof of degree should be provided in a sealed envelope from the issuing institution the applicant attended. <ul style="list-style-type: none"> <li><b>Send Via Official Email or Mail:</b> An official electronic transcript is acceptable from the issuing institution/agency if <b>directly sent from the school</b> to the Board (<a href="mailto:dcboltc@dc.gov">dcboltc@dc.gov</a>) via their secure electronic network or mail it to DC Board of Long Term Care Administration, 899 North Capitol Street, NE, 1st Floor, Washington DC 20002.</li> </ul> <p><b>Foreign Educated Only:</b> Transcripts from a foreign school in a foreign language must have evaluated by World Education Services (WES).</p>	E-MAIL or MAIL (Preferably via E-Mail and must come directly from the school/issuing institution)	<input type="checkbox"/>
<b>11. Course Requirement Form</b>		
The <a href="#">Course Requirement Form</a> must be completed and uploaded with the online application. All courses required to be completed.	ONLINE	<input type="checkbox"/>
<b>12. Preceptor/Administrator-In-Training Agreement Form</b>		
The <a href="#">Preceptor/Administrator-In-Training Form</a> (see page 8) will need to be completed by the applicant and the preceptor. The AIT Plan should also be sent with the form. The form and the AIT plan should be sent directly to the Board at ( <a href="mailto:dcboltc@dc.gov">dcboltc@dc.gov</a> ) by the preceptor.	E-MAIL or MAIL (Preferably via E-Mail and must come directly from preceptor)	<input type="checkbox"/>
<b>13. National Practitioner Databank (NPDB) Self Query Report</b>		
The Self-Query Report must be requested from the NPDB ( <a href="https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp">https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp</a> ) no more than <b>thirty (30) days</b> prior to submission of the application.	ONLINE	<input type="checkbox"/>

<b>14. Screening Question Responses</b>		
Applicants must answer all questions, including Clean Hands. If answered <b>“Yes”</b> , the applicant must also submit an explanation and all relevant documents related to the reason for the <b>“Yes”</b> answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.).	<b>ONLINE</b>	<input type="checkbox"/>
<b>15. Criminal Background Check (CBC)</b>		
If a recent CBC (fingerprint) already exists in the system within 2 years, no new CBC is required. All other applicants must re-do their CBC with the online application. If answering <b>“YES”</b> to any of the screening questions, an explanation of the incident(s) must be provided by the applicant.  For information, please visit the website: <a href="https://dchealth.dc.gov/node/120532">https://dchealth.dc.gov/node/120532</a> . <b>{\$50 payment must be paid via online with the application. A link will be provided to you afterward via email}.</b>	<b>ONLINE (PAYMENT)</b>	<input type="checkbox"/>
<b>16. Payment (Fee)</b>		
<b>\$356 (USD)</b> for Application and License Fee.	<b>ONLINE</b>	