

**Nursing Home Administrator (NHA)
NEW LICENSE APPLICATION**

CHECKLIST- By ENDORSEMENT
(Applicant must have 3 years of current practice as a nursing home administrator)

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
1. All Pages of Application		
All pages of the online application must be completed and submitted.	ONLINE	<input type="checkbox"/>
2. Demographic Information		
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.	ONLINE	<input type="checkbox"/>
3. Social Security Number		
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)	ONLINE	<input type="checkbox"/>
4. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face with white background		
The photo must be original and cannot be a computer-generated copy, or paper copy.	ONLINE	<input type="checkbox"/>
5. One (1) photocopy of a current government issued		
This can be a driver's license or passport.	ONLINE	<input type="checkbox"/>
6. Name Change Documents (If applicable)		
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> .	ONLINE	<input type="checkbox"/>
7. Three (3) Character Reference Forms		
<u>Three (3) Character References</u> 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. They must complete the character of reference form and can be sent by <u>mail</u> (899 North Capitol St, NE, 1 st FL) but preferably <u>via email</u> (dcboltc@dc.gov).	E-MAIL or MAIL <i>(Preferably via E-Mail and must come directly from references)</i>	<input type="checkbox"/>

CHECKLIST ITEMS (Cont.)	SUBMISSION METHODS	Check Mark
8. Resume		
A copy of updated resume should be uploaded.	ONLINE	<input type="checkbox"/>
9. Official Sealed Undergraduate School Transcript(s)		
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"> Send Via Official Email or Mail: An official electronic transcript is acceptable from the issuing institution/agency if directly sent from the school to the Board (dcboltc@dc.gov) 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. <p>Foreign Educated Only: 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"/>
10. Official Sealed Professional Training Transcript(s)		
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"> Send Via Official Email or Mail: An official electronic transcript is acceptable from the issuing institution/agency if directly sent from the school to the Board (dcboltc@dc.gov) 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. <p>Foreign Educated Only: 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"/>
11. Official Score Report from National Exam		
Examination scores must be transferred from the examining body. This can be submitted via electronically from the NAB .	ELECTRONICALLY	<input type="checkbox"/>
12. Course Requirement Form		
The Course Requirement Form must be completed and uploaded with the online application. All courses required to be completed.	ONLINE	<input type="checkbox"/>
13. Verification of Training Form		
The Verification of Training Form will need to be completed by the former preceptor. The form should include copies of the written evaluation along with the AIT midpoint and final reports. The form should be sent directly to the Board at (dcboltc@dc.gov) by the preceptor.	E-MAIL or MAIL (Preferably via E-Mail and must come directly from preceptor)	<input type="checkbox"/>

14. Licensure Verification (s)		
<p>Official Verifications should be provided from the issuing state (s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have EVER held a professional license, regardless of status must be submitted. Website verifications may be acceptable if the website is considered “primary source verified” by the jurisdiction in question.</p>	<p>E-MAIL or MAIL <i>(Preferably via E-Mail and must come directly from Licensing Boards)</i></p>	<input type="checkbox"/>
15. National Practitioner Databank (NPDB) Self Query Report		
<p>The Self-Query Report must be requested from the NPDB (https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp) no more than thirty (30) days prior to submission of the application.</p>	<p>ONLINE</p>	<input type="checkbox"/>
16. Screening Question Responses		
<p>Applicants must answer all questions, including Clean Hands. If answered “Yes”, the applicant must also submit an explanation and all relevant documents related to the reason for the “Yes” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.).</p>	<p>ONLINE</p>	<input type="checkbox"/>
17. Criminal Background Check (CBC)		
<p>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 “YES” to any of the screening questions, an explanation of the incident(s) must be provided by the applicant. For information, please visit the website: https://dchealth.dc.gov/node/120532. {\$50 payment must be paid via online with the application. A link will be provided to you afterward via email}.</p>	<p>ONLINE (PAYMENT)</p>	<input type="checkbox"/>
18. Payment (Fee)		
<p>\$356 (USD) for Application and License Fee.</p>	<p>ONLINE</p>	<input type="checkbox"/>