

**OREGON BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS  
NHA LICENSE RENEWAL APPLICATION: JULY 1, 2007 – JUNE 30, 2009**

LICENSE NO.: \_\_\_\_\_ EXPIRED: JUNE 30, 2007 LICENSE STATUS: \_\_\_\_\_ CE HOURS DUE: \_\_\_\_\_  
*Refer to Table on Page 2*

*Please Print*

NAME: \_\_\_\_\_  
(Last, First MI)

EMAIL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

**AUDIT NOTIFICATION**

**CONTACT THE BOARD OFFICE AT 971-673-0196 TO DETERMINE YOUR AUDIT STATUS**

**Please remit:**

- ✓ Renewal Application
- ✓ Renewal Fee
- ✓ Continuing Education Report Form & Log
- ✓ Attendance Verification Documents **(Remit only if you are selected for Audit)**

RENEWING STATUS (Check One)	DESCRIPTION	FEE
<input type="checkbox"/> <b>Active</b>	A licensee who is employed as an Oregon NHA or expects to work as an Oregon NHA for six months or longer during the two-year license period.	<b>\$400</b>
<input type="checkbox"/> <b>Inactive</b>	A licensee who is not employed as an Oregon NHA and expects to work as an Oregon NHA less than six months during the two-year license period.	<b>\$300</b>
<input type="checkbox"/> <b>Not Renewing</b>	You will receive no further mailed notices.	<b>\$0</b>
<b>▶ ENTER AMOUNT ENCLOSED: \$ _____</b>		

**RENEWAL INSTRUCTIONS**

- ▶ **CONTINUING EDUCATION (CE) REPORTING REQUIREMENT:** The following are your CE reporting instructions, however, you are encouraged to call or email the board if you have questions.
  - **Reporting:** You should have received a Continuing Education Report Form with this Renewal Application. Complete, sign and remit the enclosed Continuing Education Report form. DO NOT remit your CE attendance verification documents unless you are notified that you have been selected for random audit (see AUDIT NOTIFICATION box above). An electronic copy of the Continuing Education Report Form is available on the Board's website at [www.oregon.gov/nhabd](http://www.oregon.gov/nhabd) (go to the "Continuing Education" page and scroll to the 2005-07 CE Information section).
  - **Carryover Hours:** Depending on your license status, you may carryover from 5 – 10 hours that exceed your CE requirement; however, you must report the excess hours with this renewal if you plan to carry these hours over to the next license period. The Board will record your reported carryover credits based on your renewing license status.

PERSONAL INFORMATION	EMPLOYMENT INFORMATION
HOME ADDRESS	BUSINESS ADDRESS
HM. PHONE:	BUSINESS PHONE:
PREFERRED MAILING ADDRESS: <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	BUSINESS FAX:
EMAIL ADDRESS: →	EMAIL ADDRESS: →
CURRENT POSITION (✓ ONE) <input type="checkbox"/> NHA <input type="checkbox"/> ASST. ADMIN. <input type="checkbox"/> OTHER:	

## MANDATORY QUESTIONS

**You must answer the following questions. Explain 'Yes' answers on a separate sheet of paper and provide copies of relevant documents (e.g., police reports, court documents, final actions, etc.) and a description of the current status.**

1. Do you hold a Nursing Home Administrator license in any other state or jurisdiction? ▶ Other States Licensed In: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you hold a license to practice any other health care profession in this or any other state (e.g., nurse, physical therapist, etc.)? ▶ If yes, license and state: _____; _____; _____; _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SINCE YOUR LAST RENEWAL

3. Have you been convicted of a misdemeanor or felony	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been convicted of a crime related to or treated for controlled substance or alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any state licensing, registration or certification organization instituted disciplinary action relative to your professional practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there any disciplinary action pending against you by any state licensing, registration or certification organization relative to your professional practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you voluntarily surrendered your license in any other state where you hold a professional license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are there any other facts not disclosed by your previous answers that might bear adversely on your eligibility and competence to practice as a nursing home administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*I hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications for practice as a nursing home administrator.*

➔ **Signature** \_\_\_\_\_

\_\_\_\_\_ **Date**

**Please Remit:**

- ✓ This Renewal Application
- ✓ Fee (check or money order)
- ✓ Continuing Education Report Form
- ✓ Attendance Verification Documents (if audited)

**Mailing Address**

OR Board of Nursing Home Administrators  
 800 NE Oregon Street, Suite 407  
 Portland, OR 97232-2162

**Contact Information:**

**Ph:** 971-673-0196 **Fax:** 971-673-0226  
**Email:** [NHABD.Info@state.or.us](mailto:NHABD.Info@state.or.us)  
**Website:** [www.oregon.gov.nhabd/](http://www.oregon.gov.nhabd/)

**CE HOURS DUE**

- ACTIVE: 60 hours - 55 general and 5 ethics hours
- INACTIVE: 30 hours – 27 general and 3 ethics hours
- INITIAL LICENSE – Requirements are pro-rated

**CE REQUIREMENT TABLE  
(Hours)**

CE Required	Category	
	General	Ethics
60	55	5
45	41	4
30	27	3
15	15	0
7	7	0

**Your Renewal License Will Not Be Issued Until The Following Is Received:**

- ▶ Completed and signed Renewal Application, CE Report Form and renewal fee. You must answer questions 1 through 8 above.
- ▶ If audited, you must also remit verification of completion of the continuing education requirement relative to your license status

**CONTINUING EDUCATION REPORT**  
**For License Period July 1, 2005 To June 30, 2007**

**INSTRUCTIONS**

▶ **CONTINUING EDUCATION REQUIRED FOR RENEWAL**

- ❑ **ACTIVE:** 60 hours - 55 general and 5 ethics hours
- ❑ **INACTIVE:** 30 hours - 27 general and 3 ethics hours

▶ **LICENSE STATUS**

- ❑ **ACTIVE** – A licensee who is employed as an Oregon NHA or expects to work as an Oregon NHA for six months or longer during the two-year license period.
- ❑ **INACTIVE:** – A licensee who is not employed as an Oregon NHA and expects to work as an Oregon NHA less than six months during the two-year license period. **Note:** You are required to convert your license to “Active” status if you work as an Oregon NHA for six months or longer during the license period. In this event, please contact the Board office to request an Activation Application.

▶ **CONTINUING EDUCATION AUDITS:** Retain all continuing education attendance verification documentation until your license has been renewed. The Board audits a percentage of licensees to verify compliance with its continuing education requirement. You will be notified in writing if you are selected for audit, and the Board will request copies of your continuing education documentation. Unsolicited documentation will not be retained or returned.

▶ **RECORDS:** Keep a copy of this report for your records.

▶ **REMITTANCE:** Remit your Continuing Education Report with your renewal application and fee to the Board of Nursing Home Administrators, 800 NE Oregon Street, Suite 407, Portland, OR 97232.

**COMPLETE, SIGN AND RETAIN WITH CE REPORT LOG**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>
<b>LICENSE NUMBER</b>	<b>LICENSE STATUS</b>	

**PLEASE CHECK THE APPLICABLE STATEMENT**

- This is my first renewal following initial licensure by examination or endorsement. I have satisfied the pro-rated continuing education requirement for this report period.
- ACTIVE Status** – I have satisfied the 60-hour continuing education requirement for this report period.
- INACTIVE Status** – I have satisfied the 30-hour continuing education requirement for this report period.

**CARRYOVER**

If you exceeded your continuing education requirement in the prior license period (July 1, 2003 – June 30, 2005), you may carryover from 5-10 hours, depending on your license status. If you qualify for carryover hours, check the ‘Carryover Hours’ box and indicate the hours carried over on the line below.

**MAXIMUM CARRYOVER**

- **ACTIVE Status** – 10 hours carryover
- **INACTIVE Status** – 5 hours carryover

Carryover Hours: \_\_\_\_\_

❖ **CERTIFICATION**

*I certify this report to be an accurate account of my compliance with continuing education requirements.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONTINUING EDUCATION REPORT LOG  
FOR REPORT PERIOD JULY 1, 2005 TO JUNE 30, 2007**

Provide complete information regarding each activity. If you exceeded your continuing education requirement in the prior license period (July 1, 2003 – June 30, 2005), you may carryover from 5-10 hours, depending on your license status (refer to instruction page). This form may be copied if more space is needed or you may download an electronic copy at <http://oregon.gov/NHABD>.

<b>ACTIVITY TITLE</b>	<b>ACTIVITY SPONSOR</b>	<b>ACTIVITY TYPE</b> (lecture, conference, etc.)	<b>ACTIVITY DATE(S)</b> (m/d/yr)	<b>GENERAL HOURS</b>	<b>ETHICS HOURS</b>
<b>TOTAL HOURS</b>					

**This Form May Be Copied If More Space Is Needed.**