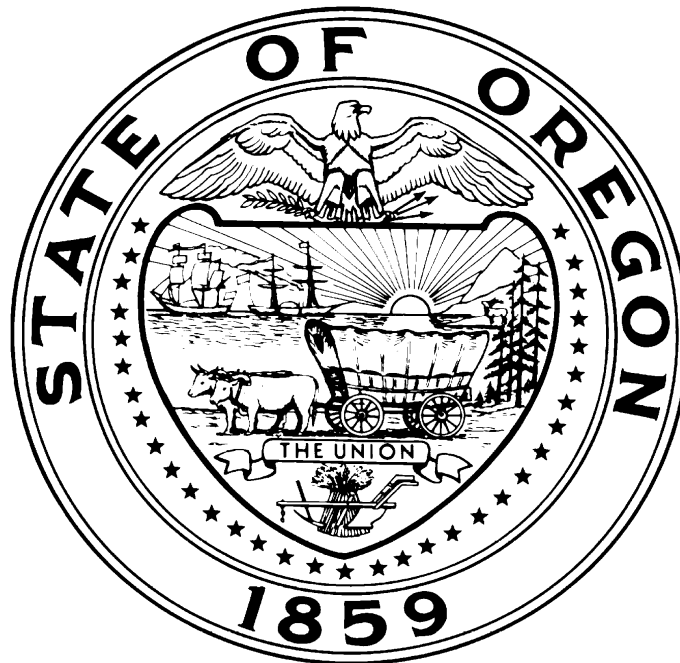


LONG TERM CARE ADMINISTRATORS BOARD

NURSING HOME ADMINISTRATOR-IN-TRAINING PROGRAM INFORMATION



**Health Licensing Office
1430 Tandem Ave N.E., Suite #180
Salem, Oregon 97301
(503) 378 - 8667**

**E-mail: hlo.info@odhsoha.oregon.gov
Website: www.oregon.gov/oha/ph/hlo**

Nursing Home Administrator-in-Training Information

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Training Tracking Forms

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Examination Information

Applications and Forms

Step by Step Guide to Licensure

You want to be a Nursing Home Administrator?

This guide is a simplified version of the training path needed to get licensed in Oregon. For complete details, go to the Health Licensing Office (HLO) Long Term Care Administrators Board website: <https://www.oregon.gov/oha/PH/HLO/Pages/Board-Nursing-Home-Administrators-License.aspx>.

Step 1: Get ready for training

Find an approved Preceptor to train you. The Preceptor must:

- Be approved to supervise, by completing an approved Preceptor training workshop and submitting a preceptor registration application.
- Be actively licensed for three (3) years as a Nursing Home Administrator.
- Train only one AIT at a time.
- Meet one-on-one with the AIT for at least four (4) hours per month.

Step 2: Register with the Health Licensing Office as an Administrator-in-Training (AIT).

Complete the Nursing Home Administrator AIT Registration Application. This includes:

- Two forms of government-issued identification. The name on the identification MUST match the name on the application and at least one MUST have a photo of you.
- Information regarding your approved preceptor and the training facility.
- A waiver of partial training hours (if applicable).
- An application fee.

Step 3: Get the OK to start training

After your AIT registration application has been processed, the HLO sends you:

- A letter that says you can begin your training, include training start and end dates.
- A packet that explains your training requirements including forms and applications you will need throughout the training process.

Step 4: Learn

Under your approved Preceptor, you must complete 960 hours training in the following areas:

Resident Care and Quality of Life	336 hours
Human Resources	144 hours
Finance	144 hours
Physical Environment	96 hours
Leadership and Management	240 hours

Step 5: Done training. What now?

Your Preceptor must complete and sign the Certification of Training Form and submit this form to the HLO.



Once your approved training period has ended, you cannot keep working as an AIT. Continuing to act in a training capacity after your training program is complete is a violation of Oregon Revised Statute 676.611 and 676.613 and may result in disciplinary action. If you want to continue working as an administrator, you must obtain a nursing home administrator license.

To obtain a Nursing Home Administrator license, you will need:

- A completed Nursing Home Administrator License Application. This includes:
 - Two forms of government-issued identification. The name on the pieces of identification **MUST MATCH** the name on the application, and one **MUST** have a photo of you.
 - An application fee.
 - A license fee.
 - The certificate of Training Form submitted by your Preceptor, demonstrating completion of at least 960 hours of approved training.
 - Official transcripts submitted from the post-secondary institution to the HLO, demonstrating attainment of a qualifying bachelor's degree.
 - A passing score on the State prepared Oregon Laws and Rules exam.
 - An official passing score on the National Association of Long Term Care Administrator Boards (NAB) exam. Proof of a passing score must be sent from NAB directly to the HLO.

Step 6: Required exams

1. State prepared Oregon Laws and Rules Exam.

This examination is administered through the HLO and can be taken any time during normal testing hours:

- Monday – Friday: 9:00am-1:00pm

For additional information on the Oregon Laws and rules exam. Including study guides and reference material, visit: <https://www.oregon.gov/oha/PH/HLO/Pages/Board-Nursing-Home-Administrators-License.aspx>.

2. NAB Exam, consisting of:

- CORE of Knowledge Exam for Long Term Care
- NHA Line of Service (LOS) Exam.

For additional information on the NAB exam, visit: <https://www.nabweb.org/seeking-licensure/exam-info>

After receiving your application with all required documentation and fees, the HLO will mail you your Nursing Home Administrator License.

Training Program Information

Nursing Home Administrator-in-Training Program Information

The Long Term Care Administrators Board (Board) requires individuals applying for licensure as a Nursing Home Administrator through pathway 1 to complete 960 hours of training in a board approved program under the supervision of an approved Preceptor. A Preceptor is a licensed Nursing Home Administrator who has met the qualifications listed under Oregon Administrative Rule 853-030-0030.

The information provided in this training program has been taken from the National Association of Boards of Examiners of Long Term Care Administrators (NAB) Administrator-In-Training (AIT) Guide. However, the domains and the number of hours spent in each domain have been taken from the Revised Test Specifications for the NHA Licensing Examination.

The domains of practice and hourly requirements are listed below:

Domain	Hours
Resident Care and Quality of Life	336
Human Resources	144
Finance	144
Physical Environment	96
Leadership and Management	240
Total	960

The number of hours spent training in each of the domains of practice is required. However, the sequence of training will be determined by the Preceptor. It is the responsibility of the AIT and Preceptor to ensure all training requirements have been met.

The training packet contains training tracking tools to assist with tracking your training hours and to facilitate the completion of your Certification of Training Form.

An AIT must complete the training program in no less than six months and no more than two years after the Office approves the application. An AIT failing to complete the program within two years after the approval date must reapply and begin the program again.

Once training has been completed, the Training Tracking Forms and the Certificate of Training Form must be mailed to the Health Licensing Office at 1430 Tandem Ave NE, Suite 180, Salem, OR 97301.

Waiver of Training Hours

An applicant who is in good standing with the Office with no current or pending Office disciplinary action and no fines, fees, or civil penalties currently owed to the Office, may apply for a waiver of 80 hours of the AIT Program pertaining to resident care and quality of life, if the applicant demonstrates to the satisfaction of the Health Licensing Office that:

The applicant holds a current credential as a certified nursing assistant (CNA) with no current or pending disciplinary action related to that credential or that the applicant holds a certificate of completion from a CNA program and the certificate was issued within two years of the date on which the Office receives the applicant's AIT Program application.

An applicant who is in good standing with the Office with no current or pending Office disciplinary action and no fines, fees, or civil penalties currently owed to the Office, may apply for a waiver of 160 hours of the AIT Program pertaining to resident care and quality of life if the applicant demonstrates to the satisfaction of the Health Licensing Office that:

- The applicant holds a current credential as an LPN or RN, with no current or pending disciplinary action related to that credential and is currently working as an LPN or RN in a long-term care facility. Or
- The applicant has been working as an LPN or RN in a long-term care facility or long term care facilities for at least three of the last five years immediately preceding the date on which the Office receives the applicant's AIT Program application.

An AIT Program applicant who is in good standing with the Office, with no current or pending Office disciplinary action and no fines, fees, or civil penalties currently owing to the Office, may apply for a waiver of 450 AIT Program hours if the applicant demonstrates to the satisfaction of the Health Licensing Office that:

- The applicant has been the acting administrator of a residential care facility for at least three of the last five years immediately preceding the date on which the Office receives the AIT's application; and
- The facility was, or the facilities were, not subject to conditions imposed by the Department of Human Services throughout the time that the applicant was acting administrator.

The Preceptor will determine which domain(s) the 450 hours will be waived from, based on the AIT's knowledge and skill set.

An AIT can only qualify for one waiver type during their training period.

Goals and Guidelines

Nursing Home Administrator-In-Training (AIT)

Goals and Guidelines

Goals

The Goal of the Administrator-in-Training (AIT) program is to provide a consistent and comprehensive understanding of the long term care industry to those seeking licensure as a Nursing Home Administrator in Oregon.

The Goal of the registered Preceptor is to serve as a role model for the AIT, communicating the professional competencies and personal ethics required in the administration of a long term care facility. In addition, the Preceptor will work with the AIT to achieve the following:

- Acquaint the AIT with the long term care patient population, clinical health professionals in the long term care field, and the range of service offered by the facility.
- Expose the AIT to all aspects of the facility operation which would include direct interaction with residents and their families, contact with staff in all facility departments, exposure to external forces, exposure to organizational policy and financing, and community involvement. Role playing may serve as an effective educational tool to introduce the AIT initially to some of the experiences identified.
- Introduce the AIT to the external factors which impact long term care facilities including community organizations, regulations, reimbursement challenges, survey procedures and public perception of long term care.
- Provide opportunities for the AIT to acquire specific competencies and to function in a professional capacity in a long term care facility.
- Prepare the AIT for the licensure examinations.
- Pair the AIT with a role model to provide insight into managerial, ethical and professional responsibilities involved in providing quality long-term care.
- Integrate the AIT's theoretical training with practical work.
- Acquaint the AIT with the long term care facility and other facets of the health care system.
- Give the AIT an opportunity to assess their commitment to, and their suitability for, long term care administration by discovering their strengths and weaknesses.
- Prepare the AIT to accept the responsibilities of licensure as an administrator upon completion of this program.

Preceptor Guidelines

- The Preceptor/administrator must have a current valid Oregon Nursing Home Administrator's License.
- The Preceptor must satisfactorily complete a Preceptor training workshop, approved by the board, every three years.
- The Preceptor is responsible for the implementation in the facility of the program which will meet the learning needs of the AIT.
- A registered Preceptor must provide the AIT a minimum of four (4) hours per month of in-person consultation regarding the strengths, progress, and competency development needs of the AIT and to suggest methods of improvement. This should be documented on the Training Tracking Forms.
- The Preceptor should incorporate visits to other long term care facilities into the AIT experience to provide a broader exposure to the field and visits to relevant governmental and community agencies.
- The Preceptor must submit the Training Tracking Forms and the Certificate of Training Form to the office, at the conclusion of the AIT's program.

Administrator-In-Training Guidelines

- In collaboration with the Preceptor, the AIT should become involved in decision-making activities of difficulty and should have the opportunity to assist with implementing decisions which are made.
- Through observation and where possible, the AIT should increase their knowledge and appreciation of all departments and/or services of a long-term care facility.
- The AIT should develop a familiarity with the resident population in the facility and with the unique circumstances associated with the delivery of multiple services to those individuals.

Training Tracking Forms

Training Tracking Forms – 1 of 10

AIT Name: _____		Total Hours Required	
Preceptor Name: _____			
Resident Care and Quality of Life		336	
CNA or LPN/RN Hours Waived (See Waiver Request Form) -			
Total Hours Required			
Nursing Services			
1	Federal, state and local standards and regulations.		
2	Aging process (psychological).		
3	Aging process (physiological).		
4	Definition, concept, and basic principles of nursing.		
5	Principles of restorative nursing.		
6	Principles of rehabilitation.		
7	Principles of infection control and isolation procedures.		
8	Minimum Data Set (MDS) requirements, Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process.		
8	Techniques of auditing resident care and service outcomes.		
10	Understanding the roles and responsibilities of the nursing department, including consultants.		
11	Understanding Medicare and Medicaid documentation.		
12	Understanding the nurse's role in the admissions process, required documentation, and the timeframes for needed documentation.		
13	Abuse/accident/incident reporting and investigations process.		
14	Understanding the medication administration process.		
15	Chemical and physical restraints.		
16	Psychoactive and psychotropic medications		
Social Services / Activities			
17	Admission, transfer, utilization review and discharge requirements/regulations.		
18	Physiological, social, emotional, psychological, spiritual, financial, and legal service needs of residents and their families.		
19	Interdisciplinary team communication.		
20	Death, dying and the grieving process.		
21	Resident rights.		
22	Advanced directives, POLST and use of POLST registry.		
23	Behavior management and monitoring: required documentation and regulations.		
24	Activity certification requirements.		
25	Programming that meets the intellectual, social, spiritual, creative, and physical needs, capabilities, and interests of each resident.		
26	The requirements and benefits of resident council.		
27	Volunteer participation in the activities program.		
28	Public relations, marketing techniques and facility marketing plan.		
Dietary Services			
29	New liberalized dietary requirements.		
30	Principles of food storage, handling, preparation, and presentation.		
31	Resident dining experience.		
32	Federal Meal Regulations / frequency, snacks.		
33	Therapeutic or specialized diets.		
34	Principles of environmental sanitation.		
35	Food service delivery system.		
36	Nutritional supplements.		
37	Food purchasing and inventory.		

Submit this page with the Certificate of Training Form

Medical /Ancillary Services			
38	Medical terminology.		

Training Tracking Forms – 2 of 10

Resident Care and Quality of Life Continued			✓
39	Provision of basic specialty medical services (i.e., optometry, podiatry, dental, Psychiatry, psychology, Hearing services).		
40	Role of physician services.		
41	Role of medical director.		
42	Frequency of and requirements for physician visits.		
43	Provision of emergency medical services.		
44	Physician/resident relationship(s).		
Pharmacy Services			
45	Principles and regulations for handling, administration, labeling, recordkeeping, and destruction of medications.		
46	Principles of potentially unnecessary medications.		
47	Psychotropic medications and recommendations for use.		
48	Role of the consultant pharmacist.		
Quality Assurance			
49	Continuous quality improvement, as it relates to resident care and services.		
50	Center for Medicare and Medicaid Services (CMS) quality indicators/ quality improvement /quality measures.		
51	Five Star Quality Rating System – Familiarize with CMS website and rating system.		
52	Review the facility's last three (3) state survey inspections.		
53	Federal staffing reporting and requirements.		
Medical Records			
54	Clinical medical record content and format.		
55	Federal documentation requirements.		
56	The Health Insurance Portability and Accountability Act (HIPAA).		
57	Records retention.		

Skill In / Observation:

- Recognizing whether resident needs are met
- Analyzing and interpreting customer satisfaction data
- Interpreting Center for Medicare and Medicaid (CMS) quality measures
- Analyzing and interpreting effectiveness of quality assurance data related to resident care and service outcomes
- Interpersonal communication within the interdisciplinary team and relationship building

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 3 of 10

AIT Name: _____		Total Required Hours	✓
Preceptor Name: _____			
Human Resources		144	
1	Criminal background checks and nursing/nursing assistant registry		
2	Employee interview procedures.		
3	New employee orientation.		
4	Facility staffing needs and requirements.		
5	Staff position qualifications.		
6	Staff licensure and continuing education requirements.		
7	Staff education/in-service requirements.		
8	Confidentiality of employee information.		
9	Recruitment and retention methods.		
10	Employment history and verification methods.		
11	Drug-free workplace programs.		
12	Employee training, education and development.		
13	Employee evaluations, disciplinary action, and termination.		
14	Staff recognition and appreciation techniques.		
15	Federal, state, and local labor and civil rights laws (Oregon BOLI).		
16	Federal and state rules and regulations (for example, Family Medical Leave Act, Occupational Health and Safety Act, Americans with Disabilities Act, Equal Employment Opportunity Commission, state diversity initiatives).		
17	Worker's compensation rules and procedures.		
18	Safety program, injury prevention and return-to-work.		
19	Review OSHA 300 Logs.		
20	Review current worker's compensation claims, modified duty job descriptions.		
21	Knowledge of bargaining union.		
Skill in: <ul style="list-style-type: none"> • Coaching, counseling, and teaching • Facilitating group meetings (for example, departmental staff meetings) • Interviewing (for example, pre-employment, investigations, exit) • Analyzing and interpreting employee performance • Team building • Analyzing and interpreting human resource programs 			

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 4 of 10

AIT Name: _____		Total Required Hours	✓
Preceptor Name: _____			
Finance		144	
1	Budgeting methods, financial planning and capital expenditures.		
2	Financial statements.		
3	Reimbursement sources and methods (for example, Medicare, Medicaid, managed care).		
4	Potential additional revenue sources.		
5	Payroll procedures and documentation, vacation and other employee benefits.		
6	Accounts receivable, collection, and billing procedures.		
7	Accounts payable procedures and petty cash.		
8	Risk management.		
9	Eligibility and coverage requirements from third party payers.		
10	Resident trust accounts.		
Skill in: <ul style="list-style-type: none"> Analyzing and interpreting budgets and financial statements Interpreting financial regulations as they apply to reimbursement Managing cash flow Analyzing and identifying trends in financial performance of facility 			

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 5 of 10

AIT Name: _____		Total Required Hours	✓
Preceptor Name: _____			
Physical Environment		96	
1	Preventative maintenance systems.		
2	Equipment needs and management.		
3	Federal, state, and local codes, rules, and regulations for buildings, grounds, equipment and maintenance including ADA, OSHA, Life Safety Codes, and NFPA.		
4	Roles of environmental staff (such as housekeeping, maintenance, laundry).		
5	Waste management, including infectious waste.		
6	Housekeeping concepts and procedures.		
7	Sanitation concepts and procedures.		
8	Pest control.		
9	Concepts regarding personal protective equipment (PPE)		
10	Potential hazards (for example, biohazards, blood-borne pathogens, hazardous materials).		
11	Security measures.		
12	Community emergency resources (for example, fire extinguishers, sprinklers, AED).		
13	In-house emergency equipment.		
14	Evacuation resources and requirements.		
15	Emergency manual, fire and disaster programming.		
16	Review last three years of the Life Safety Code Survey.		
17	Continuous quality improvement as it relates to environmental services.		
18	Hazard communication (HAZ COM) including eye wash stations.		
Skill in: <ul style="list-style-type: none"> Analyzing physical plant needs Recognizing environmental impact on residents Analyzing and interpreting effectiveness of quality assurance data related to environmental service and safety outcomes Interpreting and applying safety codes Interpreting and implementing life safety codes Emergency /Crisis management 			

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 6 of 10

AIT Name: _____		Total Required Hours	✓
Preceptor Name: _____			
Leadership and Management		240	
1	Federal, state and local laws, regulations, agencies and programs such as Medicare, Medicaid, Occupational Safety and Health Administration (OSHA), Americans with Disabilities Act (ADA), Fair Labor Standards Act (FLSA), Equal Employment Opportunity Commission (EEOC), Health Insurance Portability and Accountability Act HIPAA.		
2	Corporate compliance.		
3	Professional conduct.		
4	Facility licensing requirements.		
5	The role of long-term care in the healthcare continuum.		
6	Functions of all departments and services provided.		
7	Management principles and philosophies.		
8	Methods for assessing and monitoring resident and responsible parties' satisfaction with quality of care and quality of life.		
9	Grievance procedures for residents and families/responsible parties.		
10	The role of the resident ombudsman.		
11	Increase knowledge about cultural diversity relating to both residents and staff.		
12	Risk management principles.		
13	Available resources (i.e., community, social, financial).		
Skill in: <ul style="list-style-type: none"> • Interpreting rules and regulations, and policies and procedures • Analyzing facility compliance • Prioritizing daily/weekly/monthly tasks-time management. • Using basic counseling methods • Conflict resolution, mediation, and negotiating techniques • Problem solving/utilizing alternative solutions • Oral and written communication skills • Cultivating effective relationships • Managing organizational behavior 			

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 7 of 10

A registered preceptor must provide the AIT a minimum of four (4) hours per month of in-person consultation regarding the strengths, progress, and competency of the AIT, and to suggest methods of improvement.

The chart below allows for documentation of up to 16 15-minute long consultations. However, the length and frequency of each consultation is up to the AIT and the preceptor.

In-Person Consultation									
1 st Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
2 nd Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
3 rd Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

Training Tracking Forms – 8 of 10

In-Person Consultation									
4 th Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
5 th Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
6 th Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

Additional In-Person Consultation tracking forms are provided on the next page for a training program which taking more than 6 months to complete.

Training Tracking Forms – 9 of 10

In-Person Consultation									
__ Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
__ Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
__ Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

Training Tracking Forms – 10 of 10

It is strongly recommended that in accordance with the AIT training program, visits to the following locations be arranged by the preceptor.

Visits		Visits Conducted (✓)
1	Nursing facilities offering skilled, sub-acute, and specialized care.	
2	A continuing care retirement community.	
3	A chain operated facility (larger chain/smaller chain).	
4	A non-profit/for-profit facility.	
5	Decentralized, where the administrator functions as an upper level manager.	
6	Centralized (chain), where the administrator acts more like a middle level manager.	
7	It is important to experience the distinctive styles of administrators and department heads in each facility.	
8	Pharmacy specializing in long term care.	

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Additional Experience and Observation Reporting Form

Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	


Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	

Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	

Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	

Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	

Training Tracking Forms – 1 of 10

AIT Name: _____		Total Hours Required	
Preceptor Name: _____			
Resident Care and Quality of Life		336	
CNA or LPN/RN Hours Waived (See Waiver Request Form) -			
Total Hours Required			
Nursing Services			
1	Federal, state and local standards and regulations.		
2	Aging process (psychological).		
3	Aging process (physiological).		
4	Definition, concept, and basic principles of nursing.		
5	Principles of restorative nursing.		
6	Principles of rehabilitation.		
7	Principles of infection control and isolation procedures.		
8	Minimum Data Set (MDS) requirements, Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process.		
8	Techniques of auditing resident care and service outcomes.		
10	Understanding the roles and responsibilities of the nursing department, including consultants.		
11	Understanding Medicare and Medicaid documentation.		
12	Understanding the nurse's role in the admissions process, required documentation, and the timeframes for needed documentation.		
13	Abuse/accident/incident reporting and investigations process.		
14	Understanding the medication administration process.		
15	Chemical and physical restraints.		
16	Psychoactive and psychotropic medications		
Social Services / Activities			
17	Admission, transfer, utilization review and discharge requirements/regulations.		
18	Physiological, social, emotional, psychological, spiritual, financial, and legal service needs of residents and their families.		
19	Interdisciplinary team communication.		
20	Death, dying and the grieving process.		
21	Resident rights.		
22	Advanced directives, POLST and use of POLST registry.		
23	Behavior management and monitoring: required documentation and regulations.		
24	Activity certification requirements.		
25	Programming that meets the intellectual, social, spiritual, creative, and physical needs, capabilities, and interests of each resident.		
26	The requirements and benefits of resident council.		
27	Volunteer participation in the activities program.		
28	Public relations, marketing techniques and facility marketing plan.		
Dietary Services			
29	New liberalized dietary requirements.		
30	Principles of food storage, handling, preparation, and presentation.		
31	Resident dining experience.		
32	Federal Meal Regulations / frequency, snacks.		
33	Therapeutic or specialized diets.		
34	Principles of environmental sanitation.		
35	Food service delivery system.		
36	Nutritional supplements.		
37	Food purchasing and inventory.		
Medical /Ancillary Services			

Training Tracking Forms – 2 of 10

Resident Care and Quality of Life Continued			✓
39	Provision of basic specialty medical services (i.e., optometry, podiatry, dental, Psychiatry, psychology, Hearing services).		
40	Role of physician services.		
41	Role of medical director.		
42	Frequency of and requirements for physician visits.		
43	Provision of emergency medical services.		
44	Physician/resident relationship(s).		
Pharmacy Services			
45	Principles and regulations for handling, administration, labeling, recordkeeping, and destruction of medications.		
46	Principles of potentially unnecessary medications.		
47	Psychotropic medications and recommendations for use.		
48	Role of the consultant pharmacist.		
Quality Assurance			
49	Continuous quality improvement, as it relates to resident care and services.		
50	Center for Medicare and Medicaid Services (CMS) quality indicators/ quality improvement /quality measures.		
51	Five Star Quality Rating System – Familiarize with CMS website and rating system.		
52	Review the facility's last three (3) state survey inspections.		
53	Federal staffing reporting and requirements.		
Medical Records			
54	Clinical medical record content and format.		
55	Federal documentation requirements.		
56	The Health Insurance Portability and Accountability Act (HIPAA).		
57	Records retention.		
<p>Skill In / Observation:</p> <ul style="list-style-type: none"> • Recognizing whether resident needs are met • Analyzing and interpreting customer satisfaction data • Interpreting Center for Medicare and Medicaid (CMS) quality measures • Analyzing and interpreting effectiveness of quality assurance data related to resident care and service outcomes • Interpersonal communication within the interdisciplinary team and relationship building 			

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 3 of 10

AIT Name: _____		Total Required Hours	✓
Preceptor Name: _____			
Human Resources		144	
1	Criminal background checks and nursing/nursing assistant registry		
2	Employee interview procedures.		
3	New employee orientation.		
4	Facility staffing needs and requirements.		
5	Staff position qualifications.		
6	Staff licensure and continuing education requirements.		
7	Staff education/in-service requirements.		
8	Confidentiality of employee information.		
9	Recruitment and retention methods.		
10	Employment history and verification methods.		
11	Drug-free workplace programs.		
12	Employee training, education and development.		
13	Employee evaluations, disciplinary action, and termination.		
14	Staff recognition and appreciation techniques.		
15	Federal, state, and local labor and civil rights laws (Oregon BOLI).		
16	Federal and state rules and regulations (for example, Family Medical Leave Act, Occupational Health and Safety Act, Americans with Disabilities Act, Equal Employment Opportunity Commission, state diversity initiatives).		
17	Worker's compensation rules and procedures.		
18	Safety program, injury prevention and return-to-work.		
19	Review OSHA 300 Logs.		
20	Review current worker's compensation claims, modified duty job descriptions.		
21	Knowledge of bargaining union.		
Skill in: <ul style="list-style-type: none"> • Coaching, counseling, and teaching • Facilitating group meetings (for example, departmental staff meetings) • Interviewing (for example, pre-employment, investigations, exit) • Analyzing and interpreting employee performance • Team building • Analyzing and interpreting human resource programs 			

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 4 of 10

AIT Name: _____		Total Required Hours	✓
Preceptor Name: _____			
Finance		144	
1	Budgeting methods, financial planning and capital expenditures.		
2	Financial statements.		
3	Reimbursement sources and methods (for example, Medicare, Medicaid, managed care).		
4	Potential additional revenue sources.		
5	Payroll procedures and documentation, vacation and other employee benefits.		
6	Accounts receivable, collection, and billing procedures.		
7	Accounts payable procedures and petty cash.		
8	Risk management.		
9	Eligibility and coverage requirements from third party payers.		
10	Resident trust accounts.		
Skill in: <ul style="list-style-type: none"> Analyzing and interpreting budgets and financial statements Interpreting financial regulations as they apply to reimbursement Managing cash flow Analyzing and identifying trends in financial performance of facility 			

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 5 of 10

AIT Name: _____		Total Required Hours	✓
Preceptor Name: _____			
Physical Environment		96	
1	Preventative maintenance systems.		
2	Equipment needs and management.		
3	Federal, state, and local codes, rules, and regulations for buildings, grounds, equipment and maintenance including ADA, OSHA, Life Safety Codes, and NFPA.		
4	Roles of environmental staff (such as housekeeping, maintenance, laundry).		
5	Waste management, including infectious waste.		
6	Housekeeping concepts and procedures.		
7	Sanitation concepts and procedures.		
8	Pest control.		
9	Concepts regarding personal protective equipment (PPE)		
10	Potential hazards (for example, biohazards, blood-borne pathogens, hazardous materials).		
11	Security measures.		
12	Community emergency resources (for example, fire extinguishers, sprinklers, AED).		
13	In-house emergency equipment.		
14	Evacuation resources and requirements.		
15	Emergency manual, fire and disaster programming.		
16	Review last three years of the Life Safety Code Survey.		
17	Continuous quality improvement as it relates to environmental services.		
18	Hazard communication (HAZ COM) including eye wash stations.		
Skill in: <ul style="list-style-type: none"> Analyzing physical plant needs Recognizing environmental impact on residents Analyzing and interpreting effectiveness of quality assurance data related to environmental service and safety outcomes Interpreting and applying safety codes Interpreting and implementing life safety codes Emergency /Crisis management 			

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 6 of 10

AIT Name: _____		Total Required Hours	✓
Preceptor Name: _____			
Leadership and Management		240	
1	Federal, state and local laws, regulations, agencies and programs such as Medicare, Medicaid, Occupational Safety and Health Administration (OSHA), Americans with Disabilities Act (ADA), Fair Labor Standards Act (FLSA), Equal Employment Opportunity Commission (EEOC), Health Insurance Portability and Accountability Act HIPAA.		
2	Corporate compliance.		
3	Professional conduct.		
4	Facility licensing requirements.		
5	The role of long-term care in the healthcare continuum.		
6	Functions of all departments and services provided.		
7	Management principles and philosophies.		
8	Methods for assessing and monitoring resident and responsible parties' satisfaction with quality of care and quality of life.		
9	Grievance procedures for residents and families/responsible parties.		
10	The role of the resident ombudsman.		
11	Increase knowledge about cultural diversity relating to both residents and staff.		
12	Risk management principles.		
13	Available resources (i.e., community, social, financial).		
Skill in: <ul style="list-style-type: none"> • Interpreting rules and regulations, and policies and procedures • Analyzing facility compliance • Prioritizing daily/weekly/monthly tasks-time management. • Using basic counseling methods • Conflict resolution, mediation, and negotiating techniques • Problem solving/utilizing alternative solutions • Oral and written communication skills • Cultivating effective relationships • Managing organizational behavior 			

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Training Tracking Forms – 7 of 10

A registered preceptor must provide the AIT a minimum of four (4) hours per month of in-person consultation regarding the strengths, progress, and competency of the AIT, and to suggest methods of improvement.

The chart below allows for documentation of up to 16 15-minute long consultations. However, the length and frequency of each consultation is up to the AIT and the preceptor.

In-Person Consultation									
1 st Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
2 nd Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
3 rd Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

Training Tracking Forms – 8 of 10

In-Person Consultation									
4 th Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
5 th Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
6 th Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

Additional In-Person Consultation tracking forms are provided on the next page for a training program which taking more than 6 months to complete.

Training Tracking Forms – 9 of 10

In-Person Consultation									
__ Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
__ Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

In-Person Consultation									
__ Month	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
	Date	Date	Date	Date	Date	Date	Date	Date	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	

Training Tracking Forms – 10 of 10

It is strongly recommended that in accordance with the AIT training program, visits to the following locations be arranged by the preceptor.

Visits		Visits Conducted (✓)
1	Nursing facilities offering skilled, sub-acute, and specialized care.	
2	A continuing care retirement community.	
3	A chain operated facility (larger chain/smaller chain).	
4	A non-profit/for-profit facility.	
5	Decentralized, where the administrator functions as an upper level manager.	
6	Centralized (chain), where the administrator acts more like a middle level manager.	
7	It is important to experience the distinctive styles of administrators and department heads in each facility.	
8	Pharmacy specializing in long term care.	

Experience and Observations – (Use Additional Experience and Observations form attached if additional space is needed):

Additional Experience and Observation Reporting Form

Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	

Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	

Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	

Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	

Experience and Observations:	Domain:
Certification of Training Forms – ____ of 7	

Certificate of Training



HEALTH LICENSING OFFICE Long Term Care Administrators Board

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: (503) 378-8667 | Web: www.oregon.gov/oha/ph/hlo

For Office Use Only		
Applicant #:	Registration #:	Staff Initials:

Administrator-In-Training (AIT) Certificate of Training

This form must be completed by the preceptor and signed by both the preceptor and the AIT. Once completed, it must be submitted along with the AITs Nursing Home Administrator license application.

Applicant Information

TRAINEE LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
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Preceptor / Training Facility Information

PRECEPTOR LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
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FACILITY / BUSINESS NAME:

FACILITY / BUSINESS WORK ADDRESS:

CITY:	STATE:	ZIP:
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PRECEPTOR PHONE NUMBER:	PRECEPTOR EMAIL:
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Training Information

THIS CERTIFICATION COVERS THE TRAINING DATES:	FROM DATE:	TO DATE:
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TRAINEE WORKED IN A: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME POSITION	AVERAGE NUMBER OF HOURS WORKED WEEKLY:
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Training Hours

Domain:	Hours Required:	Hours Received:
Resident Care and Quality of Life	336	
Human Resources	144	
Finance	144	
Physical Environment	96	
Leadership and Management	240	
Total:	960	

Administrator-In-Training Verification Acknowledgement

By signing below, I verify that I have received the training as specified within this Certification of Training and that I have completed the hours within each domain as indicated above.

AIT Signature:	Date:
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Preceptor Verification Acknowledgement

By signing below, I verify that the AIT listed above, under my supervision as a preceptor registered with the Oregon Long Term Care Administrators Board, has received the training as specified within the Certification of Training and has completed the hours within each domain as indicated above.

Preceptor Signature:	Date:
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Preceptor Title:	NHA License #:
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Examination Information

Nursing Home Administrator Examination Information

The Long Term Care Administrators Board (Board) has approved the following examinations:

- The state prepared Oregon laws and Rules Examination.
- The National Association of Long Term Care Administrator Boards (NAB) Examination consisting of the CORE Knowledge exam and the NHA Line of Service (LOS) Examination.

State Prepared Examination:

The state prepared examination consists of 100 multiple-choice questions and requires a minimum passing score of 75%. There is no time limit on this examination.

The examination covers the following:

- Nursing facilities as listed within the Oregon Department of Human Services (DHS), Aging and People with Disabilities Division; chapter 411, divisions 070, 085, 086, 087, 088 and 089.
<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=91>
- Nursing home administrators as listed within the Oregon Nursing Home Administrator's Board Administrative: chapter 853, divisions 050 and 060.
<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=9>

The rules listed are solely for the purpose of preparing for the examination and are not inclusive of all rules for nursing home administrators and nursing facilities in Oregon.

Additional information regarding the state prepared examination can be found at:

<https://www.oregon.gov/oha/PH/HLO/Pages/Board-Nursing-Home-Administrators-License.aspx>

The examination must be successfully completed within one year preceding or one year following the date of application for a nursing home administrator license.

NAB Examination:

The NAB examination consists of two separate sections, the Core Knowledge and the Line of Service Exam for Nursing Home Administrators.

These examinations are administered on a touch-screen computerized testing system, require a passing score (scale score) of 113 and cover the following topics:

- Care, Services, and Supports
- Operations
- Environment and Quality
- Leadership and Strategy

The Core Knowledge Exam contains 100 scored and 25 non scored questions and covers foundational knowledge essential for competent practice within the practice as a nursing home administrator. Individuals are allotted a total of 150 minutes to complete this portion of the exam.

The Nursing Home Administrators Line of Service Examination contains 60 scored and 15 non scored questions and covers foundational knowledge specific to the competent practice as a nursing home administrator. Individuals are allotted a total of 90 minutes to complete this portion of the exam.

Additional information about the NAB Examinations can be found at:

<https://www.nabweb.org/seeking-licensure/exam-info>.

The NAB examination must be successfully completed within one year following the date of application of a Nursing Home Administrators License. Official documentation of a passing score on the NAB examination must be sent directly by the NAB to the Health Licensing Office.

Forms and Applications



HEALTH LICENSING OFFICE Long Term Care Administrators Board

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: (503) 378-8667 | Web: www.oregon.gov/oha/ph/hlo

For Office Use Only		
Applicant #:	License #: NHA-P-	Staff Initials:

Nursing Home Administrator License Application

Applicant Information

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
BIRTHDATE:		GENDER:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> NONBINARY / OTHER
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED):				
CITY:		STATE:	ZIP:	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):				
CITY:		STATE:	ZIP:	
BUSINESS PHONE:		PERSONAL PHONE:		
EMAIL (REQUIRED):		SOCIAL SECURITY # (REQUIRED):		
Have you ever been known under any other legal name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list all previous full (legal) names below:				
Previous legal name(s):				
Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list information below (add additional blank page if necessary):				
State:	Lic./Cert./Reg. #:		Expiration:	

Payment Information (complete this section only if submitting payment by mail)

Required Fees: *The application fee is non-refundable. DO NOT MAIL CASH.				
Fees can be found under the "Pathway Options" section and are based on which pathway you may qualify through.				
Please check one:	<input type="checkbox"/> Credit Card (see below)	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Purchase Order
Type of credit card:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	
Note: The credit card holder must either be the applicant or be present at the time application is submitted.				
Name on credit card:				
Card number:		Exp date:	Authorized amount: \$	
Cardholder signature:				

(Do not write in the following section – Office use only)

☐ OTC ☐ Verified ID

Type of ID: _____ Staff Initials _____

Method of Payment: ☐ Visa ☐ MasterCard
☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO
AMOUNT: _____
INITIALS: _____
☐ Approval code/CK#: _____

Method of Payment: ☐ Visa ☐ MasterCard
☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO
AMOUNT: _____
INITIALS: _____
☐ Approval code/CK#: _____

Method of Payment: ☐ Visa ☐ MasterCard
☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO
AMOUNT: _____
INITIALS: _____
☐ Approval code/CK#: _____

Individual Records Questions	
<p>Please accurately answer all the questions below. The Health Licensing Office (HLO) may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.</p>	
<p>1. Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach an additional page(s) and provide an explanation.</p>	
<p>2. Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions, including the charges and year convicted (attach additional pages if necessary).</p>	<p>Year Convicted</p>
<p>3. As of today, are you on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.</p>	
Mandatory Social Security Number Disclosure and Use	
<p>You are required to provide your Social Security number (SSN) to the HLO as part of your application for initial or renewed occupational or professional license, certification, or registration issued by HLO pursuant to ORS 25.785, ORS 305.385, 42 USC § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. HLO is authorized by law to use your SSN for child support enforcement and tax administration purposes only. HLO will only use your SSN for these purposes unless you authorize other uses of your SSN as discussed below. Your SSN will remain on file with HLO. If you have never been assigned an SSN, please refer to the section below titled Request for Exemption from Social Security Number Disclosure and Attestation.</p>	
Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification	
<p>The HLO is authorized to conduct criminal background checks pursuant to ORS 181A.195, 676.608, and 676.612. The HLO requests that you voluntarily provide your SSN for this purpose. Pursuant to 50 USC § 3931, the HLO must determine the military status (or lack thereof) of a respondent before issuing a default final order. The HLO requests that you voluntarily provide your SSN for this purpose. Failure to provide your SSN for these purposes will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for these purposes, it may be used only for these purposes.</p>	
<p>4. I voluntarily consent to disclose my SSN to the HLO for criminal background checks and military status verification. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Voluntary Social Security Number Disclosure and Use – Reporting to the National Practitioner Data Bank (NPDB)	
<p>For any HLO license, certification, or registration that reports to the National Practitioner Data Bank (NPDB), if any disciplinary action is taken against you, HLO requests that you voluntarily provide your SSN so that HLO may report it to the NPDB under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986; Section 1921 of the Social Security Act; Section 1128E of the Social Security Act; and their implementing regulations found at 45 CFR Part 60. Failure to provide your SSN for this purpose will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for this purpose, it may be used only for this purpose.</p>	
<p>5. I voluntarily consent to disclose my SSN to the HLO to report to the NPDB. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Request for Exemption from Social Security Number Disclosure and Attestation	
<p>6. If you do not have a Social Security number (SSN) you may request an exemption from the SSN requirement. To receive the exemption, you must attest and certify that you have never been assigned an SSN and if you are ever assigned an SSN, you will report it to the HLO within 30 days.</p> <p style="text-align: center;">*DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY NUMBER*</p> <p>By signing below, I attest and certify that I have never been assigned an SSN and agree that if an SSN is assigned to me, I will report it to the HLO within 30 days.</p>	
<p>Applicant Signature:</p>	<p>Date:</p>
Certification of Information Provided	
<p>7. I have examined this application and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification, or registration. I have enclosed the required fees and documentation.</p>	
<p>Applicant Signature:</p>	<p>Date:</p>

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action (AA) Policy. If you choose to provide the optional information below, it will help to evaluate the effectiveness of our AA programs. This information will also be used in the aggregate (i.e., as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian and Alaska Native

- ☐ American Indian
☐ Alaska Native
☐ Canadian Inuit / Metis / First Nation
☐ Indigenous Mexican / Central American / South America

Asian

- ☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Communities of Myanmar
☐ Filipino / Filipina
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ South Asian
☐ Vietnamese
☐ Other Asian

Black and African American

- ☐ African American
☐ Afro-Caribbean
☐ Ethiopian
☐ Somali
☐ Other African (Black)
☐ Other Black

Hispanic and Latino/Latina/Latinx

- ☐ Central American
☐ Mexican
☐ South American
☐ Other Hispanic or Latino/Latina/Latinx

Middle Eastern / North African

- ☐ Middle Eastern
☐ North African

Native Hawaiian and Pacific Islander

- ☐ Chamoru/Chamorro
☐ Guamanian
☐ Marshallese / Micronesian / Palauan / Tongan
☐ Communities of the Micronesian Region
☐ Native Hawaiian
☐ Samoan
☐ Other Pacific Islander

White

- ☐ Eastern European
☐ Slavic
☐ Western European
☐ Other White

Other Categories

- ☐ Other: _____
☐ Unknown
☐ Decline to answer

If you checked more than one race or ethnicity above, is there **one** you think of as your primary racial or ethnic identity?

- ☐ Yes, please list: _____
☐ I do not have just one primary racial or ethnic identity
☐ No, I identify as Bi-racial or Multi-racial
☐ Not applicable, I only checked one category above
☐ Unknown
☐ Decline to answer

Application Requirements

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

_____	Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30 .
_____	<p>Submit this completed application, accompanied by payment of the required fees. Fee amounts can be found under the "Pathway Options" section and are based on which pathway you may qualify through.</p> <p>DO NOT SEND CASH THROUGH THE MAIL.</p> <p>THE APPLICATION FEE* IS NON-REFUNDABLE.</p>
_____	<p>Submit two forms of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.</p> <p>ID requirements are as follows:</p> <ul style="list-style-type: none"> • The two forms of ID must be issued by a government agency. • Both the ID's must include the applicant's current legal name. • At least one form of ID provided must be photographic. • We do not accept student ID cards, department store or warehouse cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting photocopies of your ID by mail, legible (clear) front and back copies must be submitted. Submit the copies on a full-sized piece(s) of copy paper, do not cut the ID images out. <p>If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.</p>
_____	Provide documentation of completing one of the following qualifying pathways (see qualifying pathway options on the following pages).
_____	Have you answered questions 1 through 5 on page two of this application? If you fail to answer each of the questions, this application may be returned to you and potentially cause a delay in processing.
_____	If you <u>do not</u> have a social security number (SSN), have you signed and dated section 6 on page two of this application? If you do have an SSN that you have provided on page one, do not complete this section.
_____	Have you signed and dated section 7 on page two of this application? If you fail to sign and date this section, your application will be returned to you and will cause a delay in processing.
_____	Have you completed the payment information section of this application and enclosed payment or provided credit card information?
_____	<p>Keep a copy of your application and supporting documents before submitting everything to the Health Licensing Office (HLO).</p> <p>You have two options to submit your application (submit your application only once):</p> <ol style="list-style-type: none"> 1. Mail the application. Enclose payment or provide credit card information, enclose copies of your identification, and enclose copies of your required supporting documents to the HLO. The address is listed at the top of this application. 2. Bring the application into the HLO. Bring the completed application, payment for fees, two forms of your original identification, and required supporting documents to the HLO. The address is listed at the top of this application.

Pathway Options

Pathway One: Qualification through Administrator in Training (AIT) Program

_____	Submit official transcripts demonstrating attainment of a qualifying bachelor's degree. The official transcript must be issued or mailed directly to the Health Licensing Office from the accredited college/university to the Health Licensing Office.
_____	Submit an "Administrator in Training (AIT) Certificate of Training" form, as prescribed by the Health Licensing Office, along with this application.
_____	Receive a passing score on the National Association of Long Term Care Administrator Boards (NAB). The examination must be passed within one year preceding or one year following the date of this application. NAB will notify the Health Licensing Office of your score. Copies of examination results or other documentation provided by the applicant are not acceptable. PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.
_____	Pay application fee of \$100 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL. *THE APPLICATION FEE IS NON-REFUNDABLE.
_____	Submit proof of having completed and passed the board approved state examination within one year preceding or one year following the date of this application. Pay examination fee of \$125 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL.
_____	Upon passage of all required examinations and before issuance of a license, pay license fee of \$130 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL.

Pathway Two: Qualification through Dual Facility Experience

_____	Submit proof of having one-year of experience as an administrator of a dual facility.
_____	Submit official transcripts demonstrating attainment of a qualifying bachelor's degree from an accredited school. The official transcript must be issued or mailed directly to the Health Licensing Office from the accredited college/university to the Health Licensing Office.
_____	Receive a passing score on the National Association of Long Term Care Administrator Boards (NAB). The examination must be passed within one year preceding or one year following the date of this application. NAB will notify the Health Licensing Office of your score. Copies of examination results or other documentation provided by the applicant are not acceptable. PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.
_____	Pay application fee of \$100 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL. *THE APPLICATION FEE IS NON-REFUNDABLE.
_____	Submit proof of having completed and passed the board approved state examination within one year preceding or one year following the date of this application. Pay examination fee of \$125 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL.
_____	Upon passage of all required examinations and before issuance of a license, pay license fee of \$130 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL.

PATHWAY OPTIONS (continued)

Pathway Three: Qualification through Advanced Education and Experience

_____	Submit official transcripts demonstrating attainment of a qualifying postgraduate degree in management. The official transcript must be issued or mailed directly to the Health Licensing Office from the accredited college/university to the Health Licensing Office.
_____	Submit proof of ten years of experience in health-care management. "Experience in health-care management" means experience in administration, planning, organizing, directing, staffing and budgeting of a licensed health-care facility.
_____	Pay application fee of \$100 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL. *THE APPLICATION FEE IS NON-REFUNDABLE.
_____	Before issuance of a license, pay license fee of \$130 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL.

Pathway Four: Qualification through Reciprocity

_____	Submit an affidavit of licensure demonstrating proof of current licensure, which is active with no current or pending disciplinary action, as a nursing home administrator. The license must have been issued by another state or territory of the United States and the licensing requirements must be at least equivalent to those listed in Oregon Revised Statutes (ORS) 678.730.
_____	Pay application fee of \$100 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL. *THE APPLICATION FEE IS NON-REFUNDABLE.
_____	Before issuance of a license, pay license fee of \$130 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL.

Pathway Five: Qualification through Reciprocity for Licensees Registered Prior to January 1, 1983

_____	Submit an affidavit of licensure demonstrating proof of current licensure, which is active with no current or pending disciplinary action, as a nursing home administrator. The license must have been issued by another state or territory of the United States and the licensing requirements must be at least equivalent to those listed in Oregon Revised Statutes (ORS) 678.730. The affidavit must indicate that the license was originally issued prior to January 1, 1983.
_____	Pay application fee of \$100 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL. *THE APPLICATION FEE IS NON-REFUNDABLE.
_____	Submit proof of having completed and passed the board approved state examination within one year preceding or one year following the date of this application. Pay examination fee of \$125 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL.
_____	Upon passage of all required examinations and before issuance of a license, pay license fee of \$130 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL.

AIT Request for Waiver of Partial Training Hours

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

*****Only complete this form and submit if you are requesting a waiver of hours. If you are not requesting a waiver of hours, do not complete or submit this page of the form.**

I, _____ am requesting the following training be waived:
(Please Print Full Name)

I understand hours towards my training, in resident care and quality of life, **may** be waived based on the following criteria **(choose only one option as you are not allowed to use more than one option to waive hours):**

☐ **CNA - 80 hours**

To qualify, applicant must submit:

- An affidavit of licensure demonstrating proof of current CNA certification with no current or pending disciplinary actions and with no fines, fees, or civil penalties currently owing to the Health Licensing Office (HLO). The affidavit must be sent directly to the HLO from the licensing entity; **or**
- A certificate of completion from a CNA program and the certificate was issued within two years of the date on which the HLO receives the applicant's AIT Program application.

Or...

☐ **RN or LPN - 160 hours**

To qualify, applicant must submit:

- An affidavit of licensure demonstrating proof of current LPN or RN licensure with no current or pending disciplinary actions and with no fines, fees, or civil penalties currently owing to the Health Licensing Office (HLO). The affidavit must be sent directly to the HLO from the licensing entity; **and**
- Proof of currently working as a LPN or RN in a long-term care facility; **and**
- Proof of having worked as a LPN or RN in a long-term care facility for at least three of the last five years immediately preceding the date on which the HLO receives the applicant's AIT Program application.

Or...

☐ **Acting Administrator of a Residential Care Facility - 450 hours**

To qualify, applicant must submit:

- Proof that the applicant has been the acting administrator of a residential care facility for at least three of the last five years immediately preceding the date on which the HLO receives the applicant's AIT Program application; **and**
- Proof that the facility was, or the facilities were, not subject to conditions imposed by the Department of Human Services throughout the time that the applicant was the acting administrator.

Administrator-In-Training Verification Acknowledgement

By signing below, I attest and certify that I have received the certification, licensure and training as specified above.

Signature:

Date: