

Provisional Nursing Home Administrator Application

1. Name of Facility: _____
2. Facility Address: _____
3. Facility Owner(s)/ Parent Company/ Organization: _____
4. Address of Owner(s)/ Parent Company/ Organization: _____

5. Name of Provisional Administrator: _____
6. Provisional Administrator Home Address: _____
7. Administrator Phone 1: _____ Administrator Phone 2: _____
8. Administrator SSN*: _____ Administrator Date of Birth: _____
9. Administrator Email Address: _____
10. Has this person served as a provisional administrator in Iowa before? Yes No
11. If the answer to question 10 is yes, what were the dates of service as a provisional administrator and the name of the facility where the service was provided? _____

12. Has the provisional administrator ever been licensed as an NHA in Iowa or any other state(s)? Yes No
13. If the answer to question 12 is yes, list the state(s) and license number(s). _____
14. This application is for the period beginning: _____ and ending: _____
15. Reason for this provisional administrator application (see 645 IAC 141.6(1)): _____

16. The following five judgment questions **must** be answered.

If you answer "Yes" to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record. **HAVE YOU:**

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer "NO" to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer "NO" to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)

17. Provisional Administrator's Attestation: I certify that I am knowledgeable of the nursing home administrator domains of practice, including resident care management, personnel management, financial management, environmental management, regulatory management, and organizational management. I further certify that there are no past or pending criminal convictions, or disciplinary

actions against me by any lawful licensing authority, and I have not had a license denied, reprimanded, suspended, or revoked in any state. I further understand that I am responsible for maintaining documentation of the actual dates served.

Signature of Named Provisional Administrator: _____ Date: _____

18. Facility Owner/ COO/ Authorized Designee Attestation: To the best of my knowledge, all of the information provided on this application is correct. I further attest that the time period of this appointment complies with 481—IAC 58.8(4).

Printed name of facility owner/ COO/ or other authorized designee: _____ Date: _____

Signature of facility owner/ COO/ or other authorized designee: _____ Date: _____

*This information is collected pursuant to Iowa Code Chapters 252J, 261 and 272C. Failure to provide required information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Instructions for submitting the Provisional Nursing Home Administrator Application

1. Complete the application in its entirety, including all required signatures.
2. Include the \$120 fee with this application. The check or money order must be payable to the Iowa Board of Nursing Home Administrators.
3. You may return the completed form in two ways:
 - a. Upload the completed form online by accessing this website: <https://ibplicense.iowa.gov/mystatus> and log in using your @iowaid account information. If you do not already have an @iowaid account, you will be able to create one by visiting the webpage. Once logged in, go to “My Licenses” page and locate the Upload Attachment link.
 - b. Mail the application and the fee to the board at: Iowa Board of Nursing Home Administrators, Iowa Department of Public Health, Lucas State Office Building – 5th Floor, Des Moines, IA 50319-0075.

Important information about Provisional Nursing Home Administrator Licensure:

1. A person is only allowed to serve as a provisional administrator for a total of 12 months. The time served as a provisional administrator includes all time the administrator works in a provisional capacity in every facility he/ she has worked for in this capacity. The 12 month period begins on the date the application is approved by the board. The months in service need not be consecutive.
2. The Board of Nursing Home Administrators reserves the right to withdraw approval of a provisional appointment. See 645 IAC 141.6.
3. Iowa Code section 155.9 authorizes the board to revoke or otherwise discipline a provisional license for cause.