



CHECKLIST AND INSTRUCTIONS FOR NURSING HOME ADMINISTRATORS OR ASSISTED LIVING FACILITY ADMINISTRATOR **REINSTATEMENT APPLICATION**

SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed. You may need to submit supporting documentation regarding your responses to the licensure questions. Please refer to the application for more information.
- FEE – All fees are non-refundable. Make check or money order payable to the Treasurer of Virginia. The reinstatement application fee does not include any upcoming fees required for the next renewal which occurs on March 31st of each year.
The fee for application for Reinstatement is \$435.00.
The fee for application for Reinstatement After Disciplinary Action (Suspension, Revocation, or Denial of Renewal) is \$1,000.00.
- NATIONAL PRACTITIONER DATA BANK (NPDB) – You will need to request a current self-query report from the NPDB. There are processing fees for each entity for this service. You may request the report through their website at www.npdb.hrsa.gov. You must submit your completed NPDB report to the Board by fax, email, or mail.
- EVIDENCE OF CONTINUING EDUCATION (if applicable) – Submit copies of the certificates of completion or other documentation for a minimum of 20 classroom hours of continuing education for each year since your last renewal, not to exceed 60 hours.
- EVIDENCE OF ACTIVE PRACTICE IN ANOTHER STATE OR US ARMED SERVICES (if applicable) – Provide a letter of verification of active practice during the period of licensure in Virginia was lapsed to include dates of employment, location of work experience, and specific duties assigned. “Active practice” means a minimum of 1,000 hours of practice as an assisted living facility administrator within the preceding 24 months.
- VERIFICATION OF STATE LICENSURE – Provide the written verification from the issuing regulatory authority, in all jurisdictions, in which you have ever held an administrator license, including expired, inactive, and current licenses. Contact each State regarding processing fees.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. It is unlawful to practice as an Assisted Living Facility Administrator (ALFA) in Virginia until you have been issued a Virginia license.
2. Applications received without the required processing fee will be returned to the sender.
3. Documentation may be submitted electronically to lrc@dhp.virginia.gov; however, certain information must be submitted from the primary source for items such as verifications of licensure from other jurisdictions and work experience from employers. Documentation related to affirmative answers to the licensure questions must be submitted to the Board in their original format by mail if requested by the Board.
4. Once all documentation has been received, the reinstatement process can take up to 30 days, except in cases involving reinstatement after suspension or revocation, which take longer to process. Board staff will contact you at the email address provided on your application with a status update.
5. Applications will remain on file with the board for one year from the date of receipt. If, at the end of one (1) year, licensure/certification/registration is not issued, the applicant shall reapply in accordance with the requirements of the

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|  <p>Virginia Department of Health Professions Board of Long-Term Care Administrators</p> | <p>9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 www.dhp.virginia.gov/nha</p> | <p>(804) 367-4595 (Tel) (804) 939-5973 (Fax) Email: lrc@dhp.virginia.gov</p> |
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NURSING HOME ADMINISTRATORS OR ASSISTED LIVING FACILITY ADMINISTRATOR **REINSTATEMENT** APPLICATION

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| MARK ONLY ONE BOX: | MARK ONLY ONE BOX: |
| <input type="checkbox"/> Assisted Living Facility Administrator (ALFA) | <input type="checkbox"/> Reinstatement |
| License Number: | <input type="checkbox"/> Reinstatement after Suspension |
| <input type="checkbox"/> Nursing Home Administrator (NHA) | <input type="checkbox"/> Reinstatement after Revocation |
| License Number: | <input type="checkbox"/> Reinstatement after Denial of Renewal |

(PLEASE PRINT IN BLUE OR BLACK INK)

| | | |
|--|-------------------------------------|-----------|
| FIRST NAME | MIDDLE NAME | LAST NAME |
| SOCIAL SECURITY NUMBER OR VIRGINIA DMV CONTROL NUMBER* | | |
| DATE OF BIRTH (mm/dd/yyyy) | MAIDEN/OTHER NAME(S), IF APPLICABLE | |

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the process of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.

ADDRESS OF RECORD INFORMATION

The address information you provide is your address of record with the Board. Please be advised that all notices from the Board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

| | | | |
|----------------|--------------------|-------|----------|
| ADDRESS STREET | CITY | STATE | ZIP CODE |
| PHONE NUMBER | OTHER PHONE NUMBER | | |
| E-MAIL ADDRESS | | | |

PUBLISHED INFORMATION

This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

| | | | |
|----------------|----------------|-------|----------|
| ADDRESS STREET | CITY | STATE | ZIP CODE |
| PHONE NUMBER | E-MAIL ADDRESS | | |

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OUT OF STATE LICENSURE: List all United States, its territories, the District of Columbia, or Canadian jurisdictions in which you have been issued a physical therapy, including active, inactive, or expired licenses. You may use additional paper if needed.

| STATE/JURISDICTION | LICENSE NUMBER | ISSUE DATE / STATUS |
|--------------------|----------------|---------------------|
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REINSTATEMENT QUALIFICATIONS

YES NO

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| 1. Can you provide evidence of attendance of 20 classroom hours of continuing education for each year since your last renewal, not to exceed a total of 60 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can you provide evidence of active practice in another state or in the U.S. Armed Services during the period that licensure in Virginia was lapsed? “Active practice” means a minimum of 1,000 hours of practice as an assisted living facility administrator within the preceding 24 months. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can you provide evidence of requalifying for license by meeting the educational, training and examination requirements for initial licensure? | <input type="checkbox"/> | <input type="checkbox"/> |

WORK HISTORY – A resume may not be used as a substitute for any question on this application. You may use additional paper if needed.

| From | To | Employer (Name, Address, City, State, Zip Code) | Position Title |
|------|----|--|----------------|
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LICENSURE QUESTIONS

Any supporting documentation related to the questions below should be submitted to:
 Virginia Board of Long-Term Care Administrators
 Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Have you ever been denied issuance of, refused renewal of a license, or the privilege of taking an examination by any state licensing/regulatory board? If yes, provide notices, orders, etc., from the regulatory authority authorized to take such actions. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

| | YES | NO |
|---|--------------------------|--------------------------|
| <p>2. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.</p> <p>If yes, please provide a letter explaining the factual circumstances leading to the criminal offense(s); attach a certified copy of all conviction orders (obtained from the courthouse of record); evidence that all court ordered requirements were met (i.e. letter from the probation officer if on supervised probation, evidence of paid fines and restitution, etc.); and any other information you wish to be considered with your application.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. Have you ever had any of the following disciplinary actions taken against your license to practice as an administrator or to practice any health profession or any such actions pending? For example: (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty?</p> <p>If yes, please provide a letter explaining the factual circumstances leading to the action or denial; a certified copy of the Order for disciplinary action or denial from other state licensing entity; a copy of any subsequent actions (i.e. reinstatement), if applicable; and any other information you wish to be considered with your application.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| MILITARY SERVICE | YES | NO |
| 1. Are you active-duty military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active duty orders, or 2) a veteran who has left active duty service within one year of submission of this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL LICENSURE QUESTIONS | YES | NO |
| A. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If yes, please provide a full explanation. Note: The Board may ask for additional documentation. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If no, please provide a full explanation. Note: The Board may ask for additional documentation. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide a full explanation on a separate page. | | |
| D. Within the past five years, have you been disciplined by any entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide a full explanation and any associated orders or letters from the entity. | | |
| E. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.) | | |

AFFIDAVIT OF APPLICANT

I certify that I have carefully read the laws and regulations related to the practice of Nursing Home Administrators or Assisted Living Facility Administrators, as applicable, which are available <https://www.dhp.virginia.gov/Boards/LTCA/> and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

Signature of Applicant

Date