IOWA BOARD OF NURSING HOME ADMINISTRATORS
IOWA DEPARTMENT OF PUBLIC HEALTH / BUREAU OF PROFESSIONAL LICENSURE
LUCAS STATE OFFICE BUIDING, 5th FLOOR / DES MOINES, IOWA 50319-0075

APPLICATION FOR PROVISIONAL ADMINISTRATOR

APPLICATION FEE - $120. Check or money order must be payable to the Iowa Nursing Home Administrator board. Mail the application and fee to the address above. **The person serving as a provisional administrator shall not be permitted to serve more than a total of 12 months.** The 12 month period runs from the date approved by the board, and the months in service need not be consecutive. The Board reserves the right to withdraw approval of a provisional appointment. *[Reference:645-IAC 141.6]* **(The facility owner or chief operating officer shall provide written attestation that the time period of the provisional appointment complies with the requirements in 481—subrule 58.8(4). Iowa Code section 155.9 also authorizes the board to revoke or otherwise discipline a provisional license for cause.**

NAME OF FACILITY:_____

ADDRESS:_____

OWNER(S) OF FACILITY:_____

ADDRESS OF OWNER(S):_____

NAME OF PROVISIONAL ADMINISTRATOR:_____

ADDRESS:_____

DAYTIME PHONE:_____EVENING PHONE:_____

*S.S.#:_____DATE OF BIRTH:_____

EMAIL ADDRESS: _____

HAS THIS PERSON BEEN A PROVISIONAL ADMINISTRATOR IN IOWA BEFORE? ☐ YES ☐ NO

IF YES, DATES OF PROVISIONAL:_____

OFFICIAL EMPLOYMENT VERIFICATION IS REQUIRED FOR ANY PERIOD IN WHICH THE APPLICANT PREVIOUSLY SERVED AS A PROVISIONAL ADMINISTRATOR *[645-IAC 141.6(2)]*

IF APPLICABLE, IOWA NHA LICENSE #:_____OTHER STATE(S) NHA LICENSE #:_____

APPLYING FOR A PERIOD BEGINNING: _____ AND ENDING:_____

REASON FOR APPLICATION *[Iowa Administrative Code 645-141.6(1)]*:_____

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*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory 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.

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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:_____DATE:_____

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, subrule 58.8(4).

SIGNATURE OF FACILITY OWNER/COO:_____DATE:_____

FOR OFFICE USE ONLY

☐ Approved ☐ Disapproved Date:_____ ☐ $120 _____

Signature:_____

Comments:_____