



Pennsylvania

## Department of State

State Board of Examiners of Nursing Home Administrators

### **APPLICATION FOR APPROVAL AS A PROVIDER OF CONTINUING EDUCATION PROGRAMS**

#### **PLEASE READ CAREFULLY BEFORE SUBMITTING APPLICATION**

#### **Title 49. Professional and Vocational Standards**

#### **Part I. Department of State**

#### **Subpart A. Professional and Occupational Affairs**

#### **Chapter 39. State Board of Examiners of Nursing Home Administrators**

#### **§ 39.41. Provider registration.**

Anyone, to include colleges, universities, associations, professional societies and organizations, seeking to offer a program for continuing education shall:

- (1) Apply for approval as a provider on forms provided by the Board.
- (2) File the application at least 60 days prior to the first scheduled date of the program.
- (3) Register biennially outlining major changes in the information previously submitted.

#### **§ 39.43. Standards for provider approval.**

Prospective providers shall document the following on their applications:

- (1) The mechanism measuring the quality of the program being offered.
- (2) The criteria for selecting and evaluating faculty instructors, subject matter and instructional materials.
- (3) The criteria for evaluating each program to determine its effectiveness.
- (4) A clear statement of educational objectives.
- (5) The subjects in which proposed programs will be offered.

#### **§ 39.44. Provider responsibilities.**

For each program, providers shall:

- (1) Disclose the objectives, content, teaching method and number of clock hours in advance to prospective participants.
- (2) Open each program to licensees.
- (3) Provide adequate physical facilities for the number of anticipated participants and the teaching methods to be used.
- (4) Provide accurate instructional materials.
- (5) Employ qualified instructors who are knowledgeable in the subject matter.
- (6) Evaluate the program through the use of questionnaires of the participants and instructors.
- (7) Issue continuing education records.
- (8) Retain attendance records, written outlines and a summary of evaluations for a 5-year period.

**§ 39.51. Standards for continuing education programs.**

- (a) A program shall consist of the subjects listed in § 39.14(a)(2) (relating to approval of programs of study).
- (b) The Board does not deem the following programs acceptable:
  - (1) Inservice programs which are not open to licensees.
  - (2) Programs limited to the organization and operation of the employer.

**§ 39.52. Program registration.**

- (a) All programs require preapproval, except as in § 39.61(b)(4) and (5) (relating to requirements).
- (b) An application for program approval shall be submitted at least 60 days before the scheduled starting date. The Board may consider an application submitted within 30 days if the program is limited to significant changes in State or Federal law or regulations which will be implemented within 60 days of their publication.
- (c) The provider number shall appear on the program application.
- (d) An applicant for program approval shall provide the following information:
  - (1) The full name and address of the eligible provider.
  - (2) The title of the program.
  - (3) The dates and location of the program.
  - (4) Faculty names, and biographical sketches, including curriculum vitae.
  - (5) A schedule of program—title of subject, lecturer, time allotted and the like.
  - (6) The total number of clock hours requested.
  - (7) An attendance certification method.
  - (8) A provider number.
  - (9) Objectives
  - (10) Core subjects.
  - (11) The program coordinator.
- (e) A program number will be issued on approval of program.

**§ 39.53. Revocation or suspension of approval.**

- (a) A provider may not indicate in any manner that approval has been granted until notification has been received from the Board.
- (b) Approval will be granted to a provider as a registered sponsor of continuing education programs until it is revoked or suspended for cause after a full and fair hearing on the merits. Failure to comply with this section, §§ 39.41, 39.43, 39.51, 39.52 and 39.54 or to meet standards, or refusal to allow reasonable inspection or to supply information upon request of the Board or its representatives are cause for revocation or suspension of approval.

**§ 39.54. Review.**

- (a) Approved providers shall be subject to onsite and offsite review of the program being presented by representatives of the Board.
- (b) Ongoing review of a provider will be on a selected basis subject to the physical presence of Board members or appointed representatives selected by the Board to evaluate program content, relevancy and acceptability.



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State Board of Examiners of Nursing Home Administrators

## STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

**Mailing Address:**

P.O. Box 2649  
Harrisburg, PA 17105-2649  
Telephone: 1-833-367-2762  
E-Mail: st-nha@pa.gov

**Courier Address (if using a mailing service that requires a street address):**

PA Dept of State, Bureau of Professional and Occupational Affairs  
Attn: State Board of Examiners of Nursing Home Administrators  
2 Technology Park  
Harrisburg, PA 17110-2919

### APPLICATION FOR APPROVAL AS A PROVIDER OF CONTINUING EDUCATION PROGRAMS

- a. Submit a \$40.00 check or money order made payable to "Commonwealth of PA." **Application fees are not refundable.** If you do not receive the Board's approval as a provider of continuing education programs within one year from the date the application is received, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
- b. Your provider approval number must be renewed each biennium.
- c. This form must be printed or typed only.
- d. Applications for provider approval must be submitted at least 60 days prior to the offering any program.

**IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.**

1. \_\_\_\_\_  
Name of provider (agency, organization, institution, center)

2. \_\_\_\_\_  
Address City State Zip

3. ( ) \_\_\_\_\_ 4. \_\_\_\_\_  
Telephone number E-Mail address

5. Type of provider: (check one)  Non Profit Organization  Government Agency  
 For Profit Organization  Academic Institution  
 Professional Organization  Other \_\_\_\_\_

6. Provide the following:  
Statement of purpose of provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Principal contact person:  
\_\_\_\_\_  
Name Telephone number

\_\_\_\_\_  
Address City State Zip

8. List programs you propose to offer during the next 6 months. **Please Note: An application must be submitted for each program.**

**NAME**

**DATES**

9. Check the following areas of expertise in which you propose to offer continuing education programs.
- a.  Administration, organization and management
  - b.  Gerontology, diseases of aging, death and dying
  - c.  The role of government in health policy and regulation
  - e.  Fiscal management, budgeting and accounting
  - f.  Personnel management and labor relations
  - g.  Government and third-party reimbursement
  - h.  Preparing for licensure/certification/accreditation surveys and meeting other regulatory requirements
  - i.  Understanding regulations, deficiencies, plans of correction and quality assurance
  - j.  The nursing department and resident care management
  - k.  Rehabilitation services and special care services
  - l.  Health support services: pharmacy, medical records and diagnostic services
  - m.  Facility support services: building/grounds, housekeeping, laundry and central supply
  - n.  Dietary department and resident nutrition
  - o.  Social services, family and community relationships and resident rights
  - p.  Risk management, safety and insurance
  - q.  Strategic planning, marketing and public relations

10. What means will be used to publicize and announce the availability of the program to assure open attendance?  
**NOTE: When advertising do not indicate to prospective attendees, in any manner, that approval has been granted unless the provider approval number and continuing education program approval number has been issued by the Board.**

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11. Describe the mechanism for measuring the quality of the program being offered. \_\_\_\_\_

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12. Describe the criteria for selecting and evaluating faculty instructors, subject matter and instructional materials.

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13. Describe the criteria for evaluating each program to determine its effectiveness. \_\_\_\_\_

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14. Provide a clear statement of education objectives. \_\_\_\_\_

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**Verification**

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Signature of provider: \_\_\_\_\_ Date: \_\_\_\_\_