



**STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS**

P.O. Box 2649  
Harrisburg, PA 17105-2649

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**Courier 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

**NHA REQUEST FOR CONTINUING EDUCATION APPROVAL**

**COURSES APPROVED BY NAB DO NOT NEED APPROVAL BY THE BOARD. ALL NAB APPROVED COURSES ARE ACCEPTED FOR CONTINUING EDUCATION.**

**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**

**CLOCK HOURS REQUIREMENT**

**§ 39.61. Requirements.**

- (a) A licensee shall complete at least 48 clock hours of continuing education during the preceding biennial period.
- (b) All continuing education clock hours shall be completed in courses preapproved by NAB or the Board, except as provided in subsection (c)(2)—(5).
- (c) Of the 48 clock hours required, the following apply:
  - (1) Up to 48 clock hours may be taken in lecture, college or university, computer interactive, distance learning or correspondence courses preapproved by NAB or the Board.
  - (2) A maximum of 12 clock hours may be earned by serving as an instructor of a NAB or Board-approved continuing education program or as an instructor of a college or university course approved by NAB or the Board. Instructors may earn 1 clock hour for each hour of instruction up to 12 clock hours.
  - (3) Clock hours may be earned by authoring an article on long-term care as follows:
    - (i) Authors whose articles relating to long-term care are published in professional journals may earn 3 clock hours per article, up to a maximum of 12 clock hours per biennium.
    - (ii) Additional credit per article, up to 12 of the required clock hours, may be awarded based on the complexity of the subject matter or work.
    - (iii) In exceptional circumstances, when the article is published in a refereed journal, and the subject matter or work is complex, a licensee may be awarded up to 24 clock hours.
    - (iv) Published articles used for continuing education credit shall be submitted to the Board within 60 days of publication. Upon review of the published article, the Board will determine the appropriate number of clock hours to be awarded based upon the complexity of the subject matter or work.
  - (4) Up to 24 clock hours may be obtained by serving as a supervisor in a Board-approved AIT program, when the AIT successfully completes the AIT program.
  - (5) A maximum of 12 clock hours may be awarded retroactively for attending programs, to include lectures, and college or university courses, which have not been preapproved. The attendee shall submit a written request for approval within 60 days of attending the program and document attendance. The attendee shall demonstrate to the Board's satisfaction that the programs meet the requirements 39.14(a)(2) and 39.51 (relating to approval of programs of study; and in §§ standards for continuing education programs).

- (d) A licensee who obtains a license after the biennial period begins shall complete a prorated amount of clock hours equal to 2 clock hours per month through the end of the biennial period. For the purpose of calculating the number of clock hours required, partial months shall count as whole months.
- (e) A licensee suspended for disciplinary reasons is not exempt from the continuing education requirements in subsection (a).
- (f) A licensee who cannot meet the overall continuing education clock hour requirement in subsection (a) or (d) due to illness, emergency or hardship may apply to the Board in writing prior to the end of the renewal period for an extension of time to complete the clock hours. A licensee who cannot meet any other requirement in this section due to illness, emergency or hardship may apply to the Board in writing prior to the end of the renewal period for a waiver of the requirement. An extension or waiver request must explain why compliance is impossible, and include appropriate documentation. An extension or waiver request will be evaluated by the Board on a case-by-case basis.
- (g) A licensee will not be credited for repeating a program in the same renewal period unless the subject matter has substantially changed during that period.

## STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

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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

## NHA REQUEST FOR CONTINUING EDUCATION APPROVAL

- a. Submit a \$20.00 check or money order made payable to "Commonwealth of PA." **Application fees are not refundable.** If you do not receive the Board's approval for continuing education 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. This form must be printed or typed only.
- c. Application deadlines:
  - Published Articles – submit to the Board within 60 days of publication
  - Programs – including Lectures, College or University Courses – submit to the Board within 60 days of attendance
  - Instructor of college/university course – submit to the Board within 60 days of completion

**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.**

**Requesting approval for (check one). Please indicate number of continuing education hours requested.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Published Article</b><br>Hours requested: _____<br>(maximum of 24 clock hours<br>per biennial renewal period) | <input type="checkbox"/> <b>Program</b><br>Hours requested: _____<br>(maximum of 12 clock hours<br>per biennial renewal period) | <input type="checkbox"/> <b>Instructor (college/university course)</b><br>Hours requested: _____<br>(maximum of 12 clock hours<br>per biennial renewal period) |
|---|---|--|

1. Name: \_\_\_\_\_
2. License number: **NH** \_\_\_\_\_
3. Telephone number: (\_\_\_\_) \_\_\_\_\_
4. Address: \_\_\_\_\_
5. E-Mail address: \_\_\_\_\_
6. Published article title/program title/college-university course name: \_\_\_\_\_  
\_\_\_\_\_
7. Location of program: \_\_\_\_\_
8. Date of publication/date of program: \_\_\_\_\_

**The Board's Continuing Education Committee will review your application. If the request is approved, you will receive an approval letter from the Board. Retain this approval letter as your certificate.**

**Please answer additional questions on page 2.**

FOR BOARD USE ONLY	BOARD REVIEW
HOURS APPROVED _____	APPROVAL NUMBER _____
1. REVIEWER: _____	
<input type="checkbox"/> APPROVED FOR _____ HOURS	<input type="checkbox"/> DISAPPROVED
REASON: _____	
2. REVIEWER: _____	
<input type="checkbox"/> APPROVED FOR _____ HOURS	<input type="checkbox"/> DISAPPROVED
REASON: _____	

9. Published Article Application – attach the following: ☐ Copy of published article

Name of professional journal: \_\_\_\_\_

Is it a refereed journal: ☐ YES ☐ NO

10. Program Application – attach the following: ☐ Detailed time schedule of program  
☐ Outline of faculty  
☐ Outline of subject  
☐ Certificate of attendance

Program sponsor: \_\_\_\_\_

Program sponsor address: \_\_\_\_\_

Check Applicable General Subject Area(s)

- 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

11. Instructor of College/University Course Application – attach the following:

- ☐ Letter from university identifying the following:
  - a. the course prefix, number and title
  - b. the dates, time and place of teaching; and
  - c. the number of credits
- ☐ Course description

### **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. §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 licensee: \_\_\_\_\_

Date: \_\_\_\_\_