

BOARD OF EXECUTIVES OF LONG TERM SERVICES & SUPPORTS

APPLICATION FOR ANNUAL LICENSE RENEWAL

OFFICE USE ONLY

R/S - 15

DATE MAILED

ADDRESS CORRECTION

Name _____

Address _____

City _____

State _____ ZIP Code _____

Phone/Area Code () _____

Please Provide The Following Information:

License No:

Name:

Address:

City/State/Zip:

EMAIL ADDRESS:

FAILURE TO RETURN THIS FORM WILL BE CONSIDERED ABANDONMENT OF LICENSE

LICENSE MUST BE RENEWED BY: October 1, 2015

CHECK THE APPROPRIATE BOX(S) BELOW

INSTRUCTIONS:

- Registration fee: **\$300.00**. Make check/money order payable to **“Treasurer, State of Ohio.”** Send check or money order to: **OH Dept of Aging/BELTSS L-3718 Columbus, OH 43260-3718**

- I am practicing nursing home administration in the below facility(s).
- I am **NOT** practicing nursing home administration in the below facility(s).
- I wish to renew.
- I do **NOT** wish to renew.

IMPORTANT! Be sure the Transmittal Fee Sheet is sent with the check/money order. Indicate the NHA name plus #1306 in the Remarks section of your personal check.

- Complete this form **front and back** and **attach** continuing education certificates.
- Mail this form with attachments to: **Ohio BELTSS 246 N High St., 1st Fl Columbus, OH 43215-2406**

ODH NURSING HOME NUMBER (Not License Number)	PLACE(S) OF EMPLOYMENT Enter all requested information covering the past 12 months for each place of employment or occupation/profession	DATES OF EMPLOYMENT			JOB CODES								
		Began Mo/Yr	X	Left Mo/Yr	Job Code	NUMBER OF HOURS WORKED PER WEEK/PER HOME							
						Sun	Mon	Tue	Wed	Thu	Fri	Sat	
	Name of Facility												
	County State Phone w/Area Code												
	Name of Facility												
	County State Phone w/Area Code												
	Name of Facility												
	County State Phone w/Area Code												

TITLE OF CONTINUING EDUCATION PROGRAM	PROVIDER NAME CITY/STATE	DATES		COLLEGE CREDIT HOURS EARNED (ENTER HOURS)	CEU TYPE (ENTER NUMBER OF HOURS)			BELTSS OR NAB APPROVAL NUMBER
		FROM	TO		PREFERRED CERTIFIED	LTD	SELF STUDY	
		Mo/Day/Yr	Mo/Day/Yr					

ENTER TOTAL HOURS _____ + _____ + _____ + _____ = _____ TOTAL CEUs

NOTE: Twenty (20) hours of approved continuing education credits (CEU's) are required for the annual renewal of your NHA license. Per Chapter 4751-1-13 of the Ohio Revised Code, the Board will only accept a maximum of **six (6) hours** of CEU's from a "LIMITED" Provider. Limited Providers are identified by the BELTSS approval numbers with the letter "L" in the middle (e.g. 00-L-00), and only **ten (10) hours of Self-Study (SS)** courses will be accepted. Self-Study courses include any course conducted outside a traditional class setting such as a webinar, teleconference, or distance learning.

MISREPRESENTATION OR FALSIFICATION OF INFORMATION IN THIS APPLICATION MAY RESULT IN SUSPENSION OR REVOCATION OF THE NURSING HOME ADMINISTRATOR LICENSE.

AFFIDAVIT OF APPLICANT

APPLICANT'S SOCIAL SECURITY NUMBER _____.

Social Security number must be collected by the Board of Executives of Long Term Services & Support pursuant to 42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pt. 61 for potential disclosure to the Federal Department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB).

Have you been found guilty of, or plead guilty or no contest to a felony, since your last renewal? Yes No

I hereby certify that the information provided herein is complete and accurate and that there are no misrepresentations, omissions, or falsifications in the statements and answers I have given. I personally obtained/attended and completed the above listed continuing education courses.

Applicant's Signature _____ NHA License Number _____

SEAL

Subscribed and Sworn to Before Me This _____ Day of _____, 20_____.

Signature of Notary _____ Commission Expires _____

State _____ County _____