

North Dakota Board of Examiners for Nursing Home Administrators

1900 North 11th Street
Bismarck, ND 58501

701-222-4867

<https://www.ndnha.nd.gov/>

ADMINISTRATOR RESIDENCY (AIT) PRACTICUM WAIVER REQUEST **OPTIONS FOR ND NHA LICENSURE**

Each applicant must complete a 1000-hour practicum unless the applicant presents evidence to the board that the applicant has experience as described below for a reduction in the number of practicum hours. The board shall determine the minimum number of hours of practicum to be completed by an applicant by comparing the applicant's experience to the requirements listed below. The amount of experience required to qualify for a practicum reduction under items C and D shall be measured in full-time equivalency at the rate of 35 hours per week.

If you think you qualify for a reduced number of hours of practicum, complete and submit the information requested.

The Board's determination and updates regarding the review of your submitted materials will be send to the email address you provide.

Provide employment information to support your request on the next page. If necessary, attach additional sheets in the same format to show all experience relevant to practicum hour reduction provisions.

On the following pages, if you claim waiver under provision A, B, or C (except as a DON), attach a position description and an organization chart showing your position in relation to others above, below, and equal to your job in the organizational hierarchy. If you claim waiver as an assistant administrator, you must also submit evidence that your experience included all activities typically covered in a practicum.

For each facility where you performed duties related to experience for practicum reduction, attach or have provided separately, a letter on official stationery of the facility, dated and signed by your supervisor, administrator or human resources that verifies your employment. This letter can be emailed as well.

The letter must include: 1) your dates of employment with the facility/agency, 2) the title(s) of any position(s) you held with the facility, and 3) the number of persons supervised and size of budget, if applicable.

AIT PRACTICUM WAIVER REQUEST

Name:

Mailing Address:

City:

State:

Zip:

Daytime Phone:

Email Address:

The required practicum is **1000 hours** for an individual with none of the experience specified in items A to D.

Under which provision do you wish to apply for a waiver? The required hours for an Administrator Residency (AIT) are as follows under each category of waiver:

- ☐ A. **750 hours** for an individual with two or more years of managerial or administrative employment experience, including supervision of at least 25 employees and responsibility for an annual budget of at least \$1,000,000;
- ☐ B. **750 hours** for an individual who has two or more years of employment in a hospital or nursing facility in any professional capacity or in any direct patient care capacity;
- ☐ C. **500 hours** for an individual who has served two or more years as a department manager with supervisory and budgetary responsibility and meets one or more of the following criteria:
- (1) the individual does not meet the requirements for assistant administrator under item D but has otherwise held that title in a nursing facility or hospital and has performed under the title for two or more years;
 - (2) the individual has served, for two or more years, as director of nurses in a hospital or registered housing with services establishment that has an arranged comprehensive home care license; or
 - (3) the individual has served as a housing manager in a registered housing with services establishment that has an arranged comprehensive home care license;
- ☐ D. **250 hours** for an individual who has served:
- (1) two or more years as a full-time director of nurses in a nursing facility,
 - (2) one or more years as a full-time hospital administrator or hospital assistant administrator with responsibility for both resident care and administrative functions, or
 - (3) one or more years in a nursing home as the assistant administrator, chief executive officer, or equivalent role with responsibility for both resident care and administrative functions. Time working as an acting administrator under an acting license or permit in the same nursing facility where the individual also served as the assistant administrator, chief executive officer, or equivalent role meets this requirement.

PRACTICUM WAIVER REQUIREMENTS FOR NORTH DAKOTA NHA LICENSURE

Please provide the following information for each entity that you are using to document support your request for a practicum waiver.

NAME OF INDIVIDUAL REQUESTING A PRACTICUM WAIVER:	
BUSINESS/FACILITY NAME:	
BUSINESS/FACILITY SERVICES OFFERED:	
BUSINESS/FACILITY LOCATION (city and state):	# OF BEDS/UNITS SERVED
DATES OF YOUR FULL-TIME EMPLOYMENT:	
FROM mo_____ /day_____ /yr_____ TO mo_____ /day_____ /yr _____	
YOUR TITLE AND DUTIES	
ANNUAL BUDGET YOU WERE RESPONSIBLE FOR	# OF WORK HOURS IN WEEK
DEPARTMENTS YOU SUPERVISED OR MANAGED	DEPARTMENTS YOU CONTROLLED BUDGET

In addition to the above information, submit the following to document the request for practicum reduction:

1. If you claim waiver under provision A, B, or C (except as a DON),
 - a. include a position description,
 - b. include an organization chart showing your position in relation to others above, below, and equal to your job in the organizational hierarchy.
2. A letter on official stationery of the facility, dated and signed by your supervisor, administrator, or human resources that verifies your employment. The letter must include the essential information as listed above in A, B, C, or D to qualify for the practicum reduction.