

NHA Criteria and Checklist

Pursuant to 19 CSR 73-2.020 and Chapter 344, RSMo.

- 18 years of age or older
- Completion of high school or equivalent
- In the event of a criminal conviction, the Board shall consider the provisions of sections 324.012 and 344.050, RSMo, whether to approve or deny the application.
- Experience and/or education from an accredited educational institution in **one of the following areas:**
 1. Experience: A minimum of three years of *experience in health-care administration**, full-time equivalency. **Experience in health-care administration*, pursuant to 19 CSR 73-2.010, "Experience in health-care administration" shall mean having management responsibility, which shall include the on-site supervision of at least three staff persons in a licensed long-term care or acute care facility or a licensed inpatient mental health facility, or a department of one of these facilities.

OR
 2. Education:
 - A. Associate degree in health-care administration, including a minimum of twenty-one semester hours of course work directly in health-care administration; or
 - B. Bachelor degree in one of the following areas:
 - a. Health-care administration;
 - b. Gerontology, including a long-term care practicum, internship, or both;
 - c. Nursing (BSN or diploma nurse); or
 - C. Master degree or beyond in one of the following areas:
 - a. Health-care administration;
 - b. Gerontology, including a long term care practicum, internship or both; or
 - c. Nursing
 3. Experience and education in one of the following areas:
 - A. Associate degree and two years of experience in a licensed long-term care facility, licensed acute-care facility, or licensed inpatient mental health facility; or
 - B. Bachelor degree and one year experience in a licensed long-term care facility, licensed acute-care facility, or licensed inpatient mental health facility; or
 - C. Master degree or beyond and one year experience in a licensed long-term care facility, licensed acute-care facility, or licensed inpatient mental health facility.

- Complete and sign application for licensure.**
 - Ensure all fields are completed and all appropriate boxes are selected. If the application does not provide enough room to provide all appropriate information, you may attach additional pages and/or submit a resume and/or documents detailing your experience.
- Copy of birth certificate or passport.**
- Copy of high school diploma* (or high school transcript) or equivalency certificate (GED).**
 - Please note if your high school information is documented on official college transcripts, a copy of the diploma/GED is not required.
- Official college transcripts.***
 - Transcripts may be sent with the application as long as they are official transcripts and not a copy. Transcripts may only be faxed or emailed to this office when sent directly from the accredited education institution. Mailed transcripts sent separately from the application need to be mailed directly to this office at Board of Nursing Home Administrators, P.O. Box 570, Jefferson City, MO 65102.

**Education completed in a foreign country will be required to be evaluated by an education credentialing organization and sent to this office. A credential evaluation is a comparison of your academic accomplishments to standards in the U.S. It is suggested to use one of the following – ECE at <https://www.ece.org/> or WES at <https://www.wes.org/>.*

- Criminal background screening.**
 - If you have or have had a criminal conviction, please provide a written explanation of the conviction and a copy of the court’s final disposition.
 - Please note that any person hired on or after January 1, 2001 and is an elder-care worker is required to make an application with the Family Care Safety Registry (FCSR) within 15 days of the beginning of employment. Since there is possibility of your employment existing in a Missouri licensed health care facility, please register with FCSR by visiting their website <http://www.health.mo.gov/safety/fcsr>.

Former legal name(s):

- \$150.00 non-refundable fee made payable via one of the below options.**
 1. Made payable online via electronic check or credit card at <https://health.mo.gov/about/online-payment.php>. Send the application, and documents via email to BNHA@health.mo.gov.
 2. Made payable in a check or money order to Board of Nursing Home Administrators. Check or money order along with application and required documents are to be mailed to Board of Nursing Home Administrators, ATTN: FEE RECEIPTS, PO Box 570, Jefferson City, MO 65102-0570.