

**Arkansas Department of Human Services
Office of Long Term Care
Nursing Home Administrator License Renewal**

Name: _____
Lic. #: _____
Home Address: _____
Home Phone: _____
Email Address: _____

If your name, home or email address has changed since last year, please check the box below.

RETURN BY CERTIFIED MAIL TO:
Division of Administrative Services
Long Term Care
P.O. Box 8181, Slot WG2
Little Rock, AR 72203-8181

RENEWAL MUST BE POSTMARKED BY JULY 1

I. TYPE OF LICENSE REQUESTED – Please select only one option

- A. **ACTIVE** (and holding a currently active license) – **REQUIRES EITHER** (select one):
- \$100.00 fee enclosed **AND**
At least twenty (20) Continuing Education Hours (CEUs) obtained between July 1 of last year and June 30 of this year **AND** documentation of the CEUs enclosed or
 - \$100.00 fee enclosed **AND**
A new Administrator's license issued between July 1 of last year and June 30 of this year
- B. **INACTIVE** (and holding a currently active license) – **REQUIRES EITHER** (select one):
- \$50.00 fee enclosed **AND**
At least twenty (20) Continuing Education Hours (CEUs) obtained between July 1 of last year and June 30 of this year **AND** documentation of the CEUs enclosed or
 - \$50.00 fee enclosed **AND**
A new Administrator's license issued between July 1 of last year and June 30 of this year
- C. **INACTIVE** (and holding a currently inactive license):
- \$50.00 fee enclosed **AND**
 - If license has been inactive for 36 consecutive months prior to July 1 of this year**, at least twenty (20) Continuing Education Hours (CEUs) obtained between July 1 of last year and June 30 of this year **AND** documentation of the CEUs enclosed

NOTE: If you have an inactive license and want to make the license active, contact the OLTC Nursing Facility Administrator Licensure Program for the required activation packet immediately.

II. CONVICTIONS

Have you been convicted of any violation of law other than a minor traffic violation? Yes No

If you answered YES, please attach a separate statement showing each offense, date and disposition of case, or whether it is already on file with the Office of Long Term Care.

III. EMPLOYMENT

List the facilities in which you have been employed as Administrator-of-Record during the last year.

From: _____ To: _____

From: _____ To: _____

I hereby certify that the statements made on this application are true and that I have complied with the requirements of the law. I am aware that any willful misrepresentation of material facts contained in this application will subject me to penalties as prescribed in the State Licensing Laws, including, but not limited to, revocation or suspension of this license.

Signature: _____

Date: _____

Nursing Home Administrator License Renewal Application Instructions

Please complete the enclosed DMS-746 (R. 4/00) Nursing Home Administrator License Renewal Form for licensure renewal for the period July 1 of this year through June 30 of next year. Current licenses **expire** June 30, of this year. The Form DMS-746 (R. 4/00) form is available from the OLTC web site located at the address below, and can be completed using a computer with a word processing program that supports Microsoft Word documents. According, **the form must be typewritten** (using word processing software or a typewriter).

Your renewal application, licensure fee and, if applicable, documentation of 20 clock hours of continuing education must be postmarked or received by DHHS **no later than July 1 of this year**. The licenses of persons not meeting these requirements **shall be considered suspended on July 2 of this year**. **An individual holding a suspended license shall not serve as the administrator of a nursing facility.**

Based on provisions of Ark. Code Ann. § 20-10-405, renewal applications postmarked or received by DHHS after July 1 of this year **must pay a late fee of \$50.00**. Renewal applications will be processed by DHHS through September 1 of this year. **A license not renewed by September 1st will expire on September 2nd.**

ONLY COMPLETE application packets will be processed. Incomplete packets (i.e., form unsigned, no fee, #2 not answered, photocopies of CEU certificates submitted without notarization, etc.) will be returned to the sender via certified mail and will not be considered received until **all** requirements are met.

Administrators who held an active license any time during the last twelve (12) months immediately preceding July 1 of this year must provide documentation of attendance for 20 clock hours of approved continuing education in order to renew his or her license – see requirements for CEU certificates listed below. This requirement also applies to current active licensees who wish to change to an inactive license for the period of July 1 of this year through June 30 of next year.

To renew your **active** administrator license as an **active** license, return:

1. The completed and signed renewal application form.
2. Documentation of 20 clock hours of approved continuing education. Your renewal packet must include CEU certificates **bearing approval numbers**. OLTC **will not** retroactively review and approve continuing education programs submitted as part of a renewal packet. Licensees must obtain the approval number **prior to submitting** a certificate for credit.
3. Licensure fee of \$100.00.

To renew your **active** license in **inactive status**, return:

1. The completed and signed renewal application form.
2. Documentation of 20 clock hours of approved continuing education. Your renewal packet must include CEU certificates **bearing approval numbers**. OLTC **will not** retroactively review and approve continuing education programs submitted as part of a renewal packet. Licensees must obtain the approval number **prior to submitting** a certificate for credit.
3. Licensure fee of \$50.00.

To renew your **inactive** administrator license as an **inactive** license, return:

1. The completed and signed renewal application form.
2. Licensure fee of \$50.00.
3. **If your license has been inactive for more than thirty-six (36) months**, you must attach documentation that you have successfully completed twenty (20) continuing education hours. **FAILURE TO COMPLY WILL RESULT IN THE AUTOMATIC EXPIRATION OF THE LICENSE.**

To renew your **inactive** license in **active status**,

IMMEDIATELY contact the OLTC Administrator Licensure Program for REQUIRED activation packet. Persons who currently hold an inactive license and wish to activate **must meet** the educational, experience and core requirements listed under Section 2. E (pp 2-3 of the green booklet) of the new Rules and Regulations for the Licensure of Nursing Home Administrators in Arkansas. If you have questions about the requirements to change your license from inactive to active status, please contact (501) 320-6411.

Requirements for certificates for approved workshops/seminars were specified in LTC-M-98-15. These requirements apply to ALL certificates received for workshops/seminars attended. Briefly, the certificate must:

1. Be the original certificate or a NOTARIZED copy. (Notarized copies may be helpful for individuals licensed in more than one state who wish to use a certificate in both jurisdictions.)
2. Contain the original signature of the presenter/agent.
3. Contain the Arkansas, NAB/NCERS or other-state approval ID number.
Note: Registered sponsors (RS), such as the American College of Health Care Administrators (ACHCA) and the American Society on Aging, are approved annually by NAB/NCERS to offer/sponsor an unlimited number of programs, including self-study programs. These registered sponsors receive only one approval number (such as #: 07019-037-RS) that is used for all of the programs they offer. This number should be on any certificate received from these sponsors.
4. Clearly identify the workshop/seminar.
5. Clearly identify the licensed administrator.

Checks should be made payable to: **Department of Human Services.**

Please return your renewal application form, active or inactive licensure fees and any required verification of continuing education hours by **Certified Mail** to:

**Department of Human Services
Division of Administrative Services
Long Term Care
PO Box 8181 Slot WG2
Little Rock, AR 72203-8181**

If you have any questions concerning licensure renewal procedures or continuing education requirements, please contact the office at (501) 320-6411.