Missouri Board of Nursing Home Administrators
Single Offering Application

Part I:
Agency/Provider Name: ____________________________________________

Contact Person: ___________________________ Phone Number: ________________

Email: ___________________________ RSVP (email/website/phone): ____________________

Program/Course Title: ____________________________________________

Hours Requested - Administrative: ________ Patient Care: ________ Offering Date(s): ________________

Location(s) (City & State): ____________________________________________

Part II:
Please attach/include the following information:

• Names and telephone numbers of the planning committee members (recommended that at least one member be a licensed administrator)
• Names of speakers/instruction staff including their experience related to content area and educational qualifications
• Content objectives
• Descriptive overview of the program including: target population, purpose, detailed outline of content including topic titles with descriptions and speakers (timed agenda).
• Explanation of how this offering relates to the education needs of the nursing home administrator and identify from the “Long Term Care Core of Knowledge,” that is available on our website, the areas covered within the content
• Copy of evaluation form
• Explanation of system for recording and maintaining information on attendance records
• Sample certificate of completion to be presented after course and a sample roster

Part III:
The authoritative signature below certifies all statements made are true to the best of our knowledge/belief and that if approved as a single offering sponsor our organization:

1. Will follow affirmative action standards assuring equal access to all approved programs for all long term care administrator licensees without regard to race, color, sex, religion, national origin, creed, age, ancestry, veteran or handicap status.
2. Monitor long term care administrator attendance at all approved educational programs.
3. Provide a certificate of attendance to each participant and shall include the participant’s name, title of the course, date of course, location of course, number and type of clock hours actually attended and the Board approval number.
4. Provide a summative evaluation and roster of attendees including typed or clearly printed name, signature, NHA or RCAL license number, and clock hours earned/type of clock hours, course title, course date, course location, shall be issued to the Board within thirty (30) days of the course date.
5. Will maintain attendance records for a minimum of four (4) years.
6. Will comply with all pertinent Missouri laws and regulations as a condition of approval as a single offering sponsor for long term care administrators.
7. Will sponsor/provide courses that shall be consistent with the criteria for continuing education established by the Board and, shall be of value in developing skills in long-term or related health-care administration while addressing content within the long term care core of knowledge, pursuant to 19CSR 73-2.031 (2) (A)-(K).
8. Will provide adequate facilities and appropriate instructional material to carry out continuing education programs.
9. Will agree to periodic monitoring of our programs by the Missouri Board of Nursing Home Administrators.
Our organization understands that approval of this request designates this agency as an approved sponsor of continuing education unless it is revoked for cause. Failure to comply with rules or to meet standards as described in 19CSR 73-2.060, refusal to allow reasonable inspection or to supply information upon request of the Board or its representatives, are causes for revocation.

Our organization has read and fully understands the Criteria for Single Offering Approval PDF available on the Board’s website.

________________________________________________________________________
Signature of Authorized Agent

________________________________________________________________________
Printed Name and Title of Authorized Agent

________________________________________________________________________
Date

Mail application, requested documents, and fee of $15.00 per requested hour (and late fee if applicable) to:

Board of Nursing Home Administrators
Department of Health and Senior Services
ATTN: FEE RECEIPTS
PO Box 570
Jefferson City, MO 65102-0570