

## CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

**Please do not submit this form with your application. Keep it for your records.**

**Who:** Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

**What:** A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	<b>Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.</b>
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<u>Only</u> necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at <a href="http://fieldprinthawaii.com">http://fieldprinthawaii.com</a> to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <u>non</u> -military ID <u>OR</u> <input type="checkbox"/> Statement of Verification from personnel office + <u>non</u> -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LICENSURE IN ANOTHER JURISDICTION	
<input type="checkbox"/> License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.	<p><b>One year:</b> The license or certification by another jurisdiction must have been held for at least one year</p> <p><b>Good Standing:</b> The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.</p>
NATIONAL PRACTITIONER DATA BANK	
<input type="checkbox"/> National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go the NPDB website at: <a href="http://www.npdb.hrsa.gov">www.npdb.hrsa.gov</a> , and click on <b>Perform a Self-Query</b> . If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.	
<div style="text-align: center;"><b>DISQUALIFIED</b></div> <div style="text-align: center;"><b>An applicant is <u>ineligible</u> for temporary licensure if:</b></div>	
<ul style="list-style-type: none"> <li>• Applicant's license in another jurisdiction is <u>not in good standing</u>.</li> <li>• Applicant's license in another jurisdiction is <u>under investigation</u> for licensing violations.</li> <li>• Applicant's application for license in another jurisdiction has been denied.</li> <li>• Applicant has been <u>censured</u>, or had <u>discipline imposed</u> by another licensing authority, the terms and conditions of which have not yet been satisfied.</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant has <u>surrendered membership</u> on any professional staff in any professional association, society, or faculty while under investigation or <u>to avoid adverse action</u> for acts or conduct that would constitute grounds for disciplinary action in this State.</li> <li>• Applicant has a <u>disqualifying criminal history</u> as determined by the State's licensing authority.</li> </ul> <p><b>Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</b></p>

**A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.**

## REQUIREMENTS & INSTRUCTIONS FOR FILING - NURSING HOME ADMINISTRATOR

Access this form via website at: <http://cca.hawaii.gov/pvl/>

(Read thoroughly)

Any individual who is charged with the general administration of a nursing home or immediate care facility in Hawaii must be licensed as a nursing home administrator under the provisions of Chapter 437-B, Hawaii Revised Statutes.

"Nursing home" means a place authorized as such by the appropriate licensing authority of this state for the care of patients requiring continued nursing and/or health care such as skilled nursing facility of an immediate care facility.

### APPLICATION

Complete both sides of the attached application form. Applicants are subject to requirements in effect at time of filing.

- Failure to provide all the requested information will delay the processing of your application.

### SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

#### FEDERAL LAWS:

**42 U.S.C.A. §666(a)(13)** requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

#### HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS** requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4) HRS** which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

### FEES

**ATTACH:** Money order or check for \$100 (non-refundable application fee) made payable to:  
**COMMERCE & CONSUMER AFFAIRS.**

After all requirements are fulfilled, license fees will be due.

**Note:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

### AGE

Be over 21 years of age.

### EDUCATION or EXPERIENCE

All categories of requirements must be met to be eligible to take the National Association of State Boards of Nursing Home Administrators Examination (NAB). Use the attached checklist as a reference.

**\*Education must be obtained from a U.S. school accredited by an accrediting agency recognized by the U.S. Dept. of Education.**

Applicant must complete one of the following:

**\*Master's degree in: hospital administration, public health specializing in gerontology OR public health specializing in health administration and approved 3 credit course in administration of SNF or ICF; (arrange to have official transcripts submitted directly by a U.S. accredited school); OR**

**EDUCATION or  
EXPERIENCE (Cont.)**

\*Bachelor's degree: **(arrange to have official transcripts submitted directly by a U.S. accredited school);**

All applicants (except those with a Master's degree as indicated above) must complete one of the following and submit appropriate verification:

Approved course of study/program from a U.S. accredited college or university; **OR**

3 years within the past 5 years of administrative work experience in a health related area.

**PRACTICAL  
EXPERIENCE**

All applicants (except those with \*Master's degree in hospital or business administration or public health) must meet one of the following and submit appropriate verification:

1 year administrative experience in an SNF or ICF; **OR**

**PRACTICAL  
EXPERIENCE (Cont.)**

Administrator-in-training program (§16-90-37); **OR**

1 year administrative experience in a health related area.

**FITNESS &  
SUITABILITY**

All applicants must submit verification of the applicant's fitness and suitability to be a nursing home administrator from one of the following:

Persons in the field. **Submit** employer's statement of work performance covering the last 12 months prior to application; **OR**

Others. **Submit** employer evaluation/assessment of knowledge and training required of a nursing home administrator.

**LETTERS OF  
RECOMMENDATION**

Submit three (3) letters, attesting to the applicant's good moral character, from individuals engaged in either business or the professions, who are not the applicant's relatives or employees.

**EXAMINATIONS AND  
FILING DEADLINE**

National Association of Boards of Examiners (NAB)

The NAB examination (exam) is administered by computer (since 1/1/00). There is no application deadline. The exam is administered year round by professional testing centers on Oahu only. After the candidate's application is approved, the candidate will receive an approval notice.

Eligible candidates are to register for the Nursing Home Administrator's national examination electronically and submit payment directly to the National Association of Boards of Examiners of Long Term Care Administrators (NAB). Currently, the exam fee is \$285.00. **To obtain the candidate handbook and to register electronically, go to the following website: [www.nabweb.org](http://www.nabweb.org).**

Candidates unable to access the internet to obtain the candidate bulletin and or to register electronically, are to contact the Examination Branch by calling (808) 586-2711, faxing (808) 586-2874 or emailing [pvlexam@dcca.hawaii.gov](mailto:pvlexam@dcca.hawaii.gov).

After registering for the exam, candidates should receive an Authorization to Test form approximately within 15 working days that will provide further instruction on scheduling to sit for the exam. **Candidates must sit for the exam within 60 days of PES notification.** The passing scale score is 113.

Official examination results will be processed by our office approximately within 4 weeks after sitting for the exam. You will receive unofficial notification of your pass/fail status at the exam site after completing the exam.

**VERIFICATION  
OF LICENSE**

Verification of your **EXAM SCORES** and out-of-state license must be obtained. Mail the attached "Verification of License" form to the state in which you were **originally licensed by examination** with the appropriate service fee that most states charge for such requests. Please verify with the respective state board for fee information.

**LIMITED AND  
TEMPORARY  
LICENSE**

A limited and temporary license may be issued provided the applicant meets the conditions set forth in Chapter 90, Hawaii Administrative Rules, and all examination requirements. Submit Temporary Permit fee of \$100 payable to: **COMMERCE & CONSUMER AFFAIRS** and applicable documents.

**ADDRESS**

Incomplete and/or irregular applications will not be accepted. Applications are kept on file for two (2) years. Failure to complete the licensing requirements within two (2) years will void your application.

Mail to:

*Nursing Home Administrator Program  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801*

or

Office location at:

*335 Merchant St., Rm. 301  
Honolulu, HI 96813*

Ph. No. (808) 586-3000

**Instructions for "Yes" Answers to Questions (4c) through (5) of the Application for License (NHA-01)**

- A The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
1. Questions 4c and 4d refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "yes" to one or more of these questions, you must submit the following:
    - i. A statement signed by you explaining the circumstances; and
    - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;
  2. If your applicant indicates a criminal conviction you must submit the following:
    - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
    - ii. A copy of the court order, verdict, and terms of sentence; and
    - iii. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders;
    - iv. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: [ecrim.ehawaii.gov](http://ecrim.ehawaii.gov) to request a "Criminal History Record Check" form.

**LAWS & RULES**

All applicants are required to read Chapters 457-B, HRS, and Chapter 90, Hawaii Administrative Rules, and Chapter 94, Hawaii Administrative Rules.

To obtain a copy of the laws and rules relating to the licensing of nursing home administrators, send a written request to our address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the nursing home administrator statutes. Indicate the specific chapter in your request.

The laws and rules are also available on our website at: <http://cca.hawaii.gov/pvl/>. Look under "Nursing Home Administrator".

To obtain a copy of Chapter 94 the Department of Health local health regulation, call (808) 586-4080.

**APPLICANTS WITH SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements will be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

**LICENSE RENEWALS**

All licenses, regardless of issuance date, **expire on June 30 of each EVEN-NUMBERED year** and are subject to renewal by the license expiration date. Renewal applications are sent about 60 days prior to the license expiration date. To ensure receipt of mail, keep us informed of your current address. If you do not receive a renewal application at least 30 days prior to the license expiration date, contact our office. Renewals received after the license expiration date are subject to late renewal fees and may be restored up to three years. After three years, a new application for licensure is required. Each licensee is ultimately responsible for timely renewals of license and should not depend on license renewal notice from the DCCA.

**ADDRESS/NAME  
CHANGES**

It is the responsibility of the applicant to notify us of any changes in **writing**. If you have a name change **after** your application was originally filed, you must provide a photocopy of the name change document along with a letter requesting the change, or you may use a "Name Change Affidavit" form from our office.

All address changes must be submitted in **writing**. No changes will be accepted over the phone. We will not be responsible for nonreceipt of any correspondence.

**ABANDONMENT  
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE - **NURSING HOME ADMINISTRATOR**

(Check box only if applying for:)

Read the attached "REQUIREMENTS & INSTRUCTIONS FOR FILING - NURSING HOME ADMINISTRATOR" before completing this form.

**Temporary Military Spouse License**

Legal Name (First, Middle)		(LAST)	FOR OFFICE USE ONLY	APPROVED [ ] Initials/date DENIED [ ]	
Residence Address (Include apt. no., city, state & zip code)				License No. NHA -	Eff:
Mailing Address ( <b>ONLY</b> if different from residence)					
Social Security No.	Date of Birth	Phone No. (days)		Temporary Permit #	Effective Date:
METHODS OF QUALIFICATION	Experience Requirement (check one):		Nursing Home Course Requirement - except those with Master's degree (check one):		
	<input type="checkbox"/> One (1) year as a nursing home administrator or Administrator-in-Training.  <input type="checkbox"/> Masters of Public Health, Business Administration or hospital administration degree with specialization in health services administration from a U.S. accredited school.  <input type="checkbox"/> One (1) year of administrative experience in a health-related area.		<input type="checkbox"/> Baccalaureate or post-baccalaureate education earned from a U.S. accredited school imparted an equivalent knowledge and skills.  <input type="checkbox"/> Three years of administrative work experience in a health-related area attained within the last five years.		
			Are you requesting to sit for the NAB? .....YES NO		

Circle your answers. If response is "Yes" to questions 4c to 5, refer to the instructions for additional documents that must be submitted with this application.

- 1) Are you over 21 years of age? .....YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....YES NO
- 3) Have you completed at least 4 years of college level study in a U.S. accredited institution of higher learning and were you awarded a baccalaureate degree? .....YES NO
- 4a) Are you currently licensed as a nursing home administrator in another state? .....YES NO  
(If yes, complete the "Applicant Section" on attached license verification form and send it to the state in which you were originally licensed by examination.)
- b. Give name of all state(s) in which licensed and license numbers: \_\_\_\_\_
- c. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? .....YES NO  
If "YES", you are required by law to arrange to have certified documents from each state in which disciplinary action was taken sent directly to the Board. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order, and whether you have been re-instated. If re-instated, date and conditions of license.)
- d. Are there any disciplinary actions pending against you? .....YES NO  
If "YES", specify all states where action was or may be imposed. You are required to arrange to have certified documents from each state in which disciplinary action or investigation occurred or is pending against you sent directly to the Board.
- 5) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....YES NO  
If "Yes", you are required by law to arrange to have certified court documentation on the date, place, violation for each conviction and fulfillment of conditions of each sentence sent directly to the Board.
- 6) Are you seeking a temporary license to work as an administrator in a nursing home? .....YES NO  
IF "YES," LIST NAME, ADDRESS AND PHONE NUMBER OF THE NURSING HOME ON A SEPARATE SHEET.

(CONTINUED ON BACK)

EDUCATION	<b>Name of U.S. Accredited School</b>	<b>Location (city/state)</b>	<b>Date (mo/yr)</b>		<b>Major courses of study &amp; degree earned</b>
			<b>From</b>	<b>To</b>	
	High school				
	College/University				
EMPLOYMENT HISTORY	<b>Name of Institution/Employer</b>	<b>Address</b>	<b>Dates (mo/yr)</b>		<b>Position Title</b>
			<b>From</b>	<b>To</b>	
	Nursing Home/Care Facility				
	Nursing Home/Care Facility				
	Other Employment				
	Other Employment				

**Affidavit of Applicant:**

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I certify that I have read, understand, and shall obey all the laws and rules of the Nursing Home Administrator Program (Chapter 457B, Hawaii Revised Statutes and Chapter 90, Hawaii Administrative Rules). I further certify that I have read, understand, and shall obey the local health regulations (Chapter 94, Administrative Rules of the Department of Health). I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 457B-3.2, Hawaii Revised Statutes.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize the staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Access this form via website at: <http://cca.hawaii.gov/pvl/>

State of Hawaii  
NHA Program

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