

Iowa Board of Nursing Home Administrators

Department of Inspections, Appeals, & Licensing

6200 Park Avenue, Suite 100

Des Moines, IA 50321-1270

Provisional Nursing Home Administrator Form

1. Name of Facility: _____

2. Facility Address: _____

3. Facility Owner(s)/ Parent Company/ Organization: _____

4. Address of Owner(s)/ Parent Company/ Organization: _____

5. Name of Provisional Administrator: _____

6. Provisional Administrator Home Address: _____

7. Administrator Phone 1: _____ Administrator Phone 2: _____

8. Administrator SSN*: _____ Administrator Date of Birth: _____

9. Administrator Email Address: _____

10. Has this person served as a provisional administrator in Iowa before? ☐ Yes ☐ No

11. If the answer to question 10 is yes, what were the dates of service as a provisional administrator and the name of the facility where the service was provided? _____

12. Has the provisional administrator ever been licensed in another state? ☐ Yes ☐ No

13. If the answer to question 12 is yes, list the state(s) and license number(s)? _____

14. This application is for the period beginning: _____ and ending: _____

15. Reason for this provisional administrator application (see 481 IAC 980.5(1)): _____

16. Provisional Administrator's Attestation: I certify that I am knowledgeable of the nursing home administrator domains of practice, including resident care management, personnel management, financial management, environmental management, regulatory management, and organizational management. I further certify that there are no past or pending criminal convictions, or disciplinary actions against me by any lawful licensing authority, and I have not had a license denied, reprimanded, suspended, or revoked in any state. I further understand that I am responsible for maintaining documentation of the actual dates served.

Signature of Named Provisional Administrator: _____ Date: _____

17. Facility Owner/ COO/ Authorized Designee Attestation: To the best of my knowledge, all of the information provided on this application is correct. I further attest that the time period of this appointment complies with 481—IAC 58.8(4).

Printed name of facility owner/ COO/ or other authorized designee: _____ Date: _____

Signature of facility owner/ COO/ or other authorized designee: _____ Date: _____

*This information is collected pursuant to Iowa Code Chapters 252J, 261 and 272C. Failure to provide required information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Important information about Provisional Nursing Home Administrator Licensure:

1. A person is only allowed to serve as a provisional administrator for a total of 12 months. The time served as a provisional administrator includes all time the administrator works in a provisional capacity in every facility he/she has worked for in this capacity. The 12 month period begins on the date the application is approved by the board. The months in service need not be consecutive.
2. The Board of Nursing Home Administrators reserves the right to withdraw approval of a provisional appointment. See 481 IAC 980.5(4).
3. Iowa Code section 155.9 authorizes the board to revoke or otherwise discipline a provisional license for cause.