

# **APPLICATION GUIDELINES FOR ALL RESIDENTIAL CARE ADMINISTRATOR (RCA) APPLICANTS**

## **REQUIREMENTS TO BE ELIGIBLE FOR LICENSURE**

**You may not practice in Indiana as a Health Facility Administrator without an Indiana license or permit to practice.**

### **Mail your completed application and fee to:**

Indiana Professional Licensing Agency (IPLA)  
Attn: Indiana State Board of Health Facility Administrators  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**Before completing and submitting your application to our office, please read all materials and information included.**

### **FEE INFORMATION**

Applicants must submit a **hundred dollar (\$100.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or money orders are acceptable. **All fees are non-refundable and non-transferable.**

### **POSITIVE RESPONSES**

If you answer "yes" to any of the questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor, or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.**

### **EDUCATIONAL REQUIREMENTS**

1. Possession of a baccalaureate degree or higher in any subject from an accredited institution; **OR**

2. Possession of an associate degree in health care from an accredited institution and completion of a specialized course of study in long term health care administration prescribed by the Indiana State Board of Health Facility Administrators; **OR**
  3. Completion of a specialized course of study in long-term health care OR residential care administration prescribed by the Indiana State Board of Health Facility Administrators.
- Completion of a six (6) month administrator-in-training program supervised by a board certified preceptor. A waiver of the administrator-in-training program may be granted if the applicant qualifies under the board determined equivalents as stated in 840 IAC 1-1-4(f).
  - A waiver of the educational and the six (6) month administrator-in-training program requirements may be granted if the applicant qualified under the board determined equivalents as stated in 840 IAC 1-1-4(e).
  - A waiver of a portion or portions of the administrator-in-training program may be granted by approval of the Board. A detailed list of the requested hours and areas must be attached to the application.
  - Two passport type photos - no Polaroid type or laminated card will not be accepted.
  - Official transcripts showing your degree has been conferred. **Note:** Official transcripts MUST be forwarded directly to the Indiana State Board of Health Facility Administrators, c/o Professional Licensing Agency by the degree granting institution. Applicant supplied transcripts will not be accepted.
  - You must submit a license verification completed by **each state in which you hold or have held a license in any regulated health profession** regardless of the status or type of such license(s). You will need to contact the licensing authority in those states to have the verification(s) submitted directly to the Indiana State Board of Health Facility Administrators.
  - Official documentation indicating any legal name changes if your name differs from that on any of your documents. Acceptable documentation is a notarized copy of your marriage license, divorce decree, or social security card, or a name change affidavit that may be obtained from the Professional Licensing Agency.
  - Documentation regarding the administrator-in-training requirement as specified on the application form. **Note:** Administrator-in-training requirements must be completed BEFORE the examination for licensure may be taken.
  - Applicants should allow two (2) to four (4) weeks for the processing and review of their application. It is illegal to practice as Health Facility Administrator in Indiana during this processing time. Applications will not be reviewed until the Board office receives all the required documentation. If your file is incomplete due to missing documentation, you will be notified by email regarding the status of your file two (2) to four (4) weeks after the Bureau receives your application. This status letter will list all documents outstanding from your file.

#### **THE FAIR INFORMATION PRACTICE ACT**

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where release is required by law, in which case you will be notified.

Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and your application cannot be processed without it.

## RENEWAL INFORMATION

All health facility administrator licenses expire August 31<sup>st</sup> of every even year regardless of when they were issued. Licenses issued within 90 days of their expiration date will not be required to renew until the following renewal cycle. If you prefer to have your license issued within this 90 day window, please notify our office in writing. If you have any questions regarding this policy, please contact us at (317) 234-3022.

## CONTINUING EDUCATION REQUIREMENTS

Licensed administrators must obtain **at least forty (40) hours of continuing education** during each two (2) year licensing period. If you are not currently or previously licensed in another state, you will not be required to complete the continuing education requirements for the two (2) year licensing period in which your license is issued.

The health facility administrator shall retain copies of certificates of completion for continuing education courses for a period of three (3) years from the end of the licensing period for which the continuing education applied. The health facility administrator shall provide the board with copies of the certificates of completion upon the board's request for a compliance audit.

Acceptable continuing education:

- Sponsors of programs must be approved by the Indiana State Board of Health Facility Administrators, the NAB or another state's board of health facility administrators with a mandatory continuing education requirement.
- Continuing education courses offered by accredited colleges, only if the course content pertains to the practice of health facility administration.
- Accredited college courses related to the practice of health facility administration.

# INSTRUCTIONS FOR APPLICANTS APPLYING FOR APPROVAL TO ENTER THE ADMINISTRATOR-IN-TRAINING PROGRAM

Complete the instructions above for **ALL APPLICANTS**.

- Have the licensed health facility administrator, who wishes to be your preceptor, download the Preceptor Application from our webpage [www.in.gov/pla/bandc/isbhfa/preceptor.html](http://www.in.gov/pla/bandc/isbhfa/preceptor.html). **Please note: The Board cannot locate a preceptor for you nor do they provide a listing of health facility administrators who are qualified to act as preceptors in the State of Indiana.**
- The administrator-in-training program must be completed in a comprehensive care facility. You will serve as an administrator-in-training for a minimum of thirty-two (32) hours a week but no more than eight (8) hours daily. You are required to complete the program in a minimum of six (6) months and a maximum of twelve (12) months for a minimum total of one thousand forty (1,040) hours.
- You **do not** need to complete/submit the following forms:
  1. *Verification of Administrator-in-Training Program for Health Facility Administrator Licensure Form*
  2. *Verification of Employment of Applicants for Health Facility Administrator Licensure Form*
- **You MAY NOT begin your administrator-in-training program until you have received written approval from the Board.** Along with this written approval, you will receive a packet of information that includes the following:
  1. *Start Notification Form*
  2. *Notice of Change of Status and/or Discontinuance in AIT Program*
  3. *Affidavit of Completion*
- Once you are approved by the Board to begin your administrator-in-training program and receive your packet information, you will need to email the *Start Notification Form* to the Professional Licensing Agency. This form is to be completed by you and your Preceptor.
- When you complete your administrator-in-training program, you must email the *Affidavit of Completion* and register for the NAB examination at their website [www.nabweb.org](http://www.nabweb.org). Once our office receives *the pass notice of your NAB exam*, you will be emailed the *Intent to Take the Health Facility Jurisprudence Examination* form that lists the available examination dates. Please see section titled **EXAMINATION INFORMATION** on pages 5 and 6 for further details on the examination process.
- **Special Note:** According to 840 IAC 1-1-16(f), the hours and amount of time spent in the AIT program may be reduced due to credit given by the board given under 840 IAC 1-1-4(g), which states that the board may waive portions of the required training hours, up to thirty percent (30%), for an HFA or RCA applicant, based upon criteria approved by the board, provided the applicant's experience under consideration is verifiable to the board's satisfaction.

# INSTRUCTIONS FOR APPLICANTS APPLYING FOR LICENSURE BY ENDORSEMENT/WAIVER OF THE A.I.T. PROGRAM

Complete the instructions for **ALL APPLICANTS**.

- You must submit your NAB scores. If you took the exam prior to 1990, you must have a raw score of 112; if you took the exam in 1990 or after, you must have a scaled score of 113. Some states will provide these with your license verification(s); if your state does not, then you will need to contact Professional Examination Services at 212-367-4200 and ask that the NAB Interstate Reporting Service forward an official transcript of your NAB examination score to the Board. You may also request a NAB score transfer by visiting the NAB website at [www.nabweb.org](http://www.nabweb.org).
- If you completed an administrator-in-training program for licensure in another state, you must have the *Verification of Administrator-in-Training Program for Health Facility Administrator Licensure Form* completed by the state that approved your administrator-in-training program.
- You may satisfy the education **and** administrator-in-training requirements with two (2) years active work experience as a licensed health facility administrator in another state. This must be verified by submitting the *Verification of Employment of Applicants for Health Facility Administrator Licensure Form* completed by a representative of your employer(s) proving this qualification.
- You may satisfy the administrator-in-training requirements with one (1) year active work experience as a licensed health facility administrator in another state; however, you must still meet the educational requirements for licensure. The administrator-in-training requirement may also be satisfied with a master's degree in health care administration and six (6) months of active work experience as a licensed health facility administrator in another state.
- Once your application is approved by the Board, you will be emailed the *Intent to Take the Health Facility Jurisprudence Examination* form that lists the available examination dates. The *Intent* form may either be submitted by mail or emailed to your customer service representative or to [pla10@pla.in.gov](mailto:pla10@pla.in.gov); and must be received by our office at least two (2) business days prior to the selected examination date.

## INSTRUCTIONS FOR APPLICANTS APPLYING FOR TEMPORARY PERMIT INFORMATION

- An applicant may apply for a temporary permit by checking the box on the *Application for Examination and Initial Licensure as a Health Facility Administrator Application* and enclosing the **fifty dollar (\$50.00) temporary permit fee**.
- The Board may issue a temporary permit to practice as a health facility administrator to a person who has met **all** of the following requirements:
  1. has applied to the Board for a license to practice as a RCA; **AND**
  2. has a current license as a HFA or RCA in another state; **AND**

3. has met the educational requirements of the Board; **AND**
  4. has completed a Board approved training program or Board determined equivalent program; **AND**
  5. has successfully completed the national examination with a score equivalent to the score required by the State of Indiana.
- The Board may substitute the requirements in item 3 or 4 above if the applicant has experience as a licensed HFA or RCA in another state.
  - Applicants for a temporary permit will be required to take the Indiana Jurisprudence examination for licensure within ninety (90) days of issuance of the temporary permit.
  - Temporary permits expire upon:
    1. the issuance of a license to the holder of the temporary permit; **OR**
    2. the receipt by the holder of the temporary permit of notice from the Board that the holder of the temporary permit has failed the required examination for licensure; **OR**
    3. failure of an applicant to appear for the scheduled examination. If the applicant presents compelling reasons to the Board in writing for missing the examination, the Board may allow the applicant to submit a new application for a temporary permit.

## **INFORMATION REGARDING WAIVERS OF THE ADMINISTRATOR-IN-TRAINING PROGRAM**

You may satisfy the administrator-in-training requirements with one of the following:

1. one (1) year active work experience as a licensed health facility administrator in another state; **OR**
2. completion of a training program required for licensure as a health facility administrator in another state that is determined by the Board to be equivalent to the administrator-in-training requirements in this state. You will need to submit the *Verification of Administrator-in-Training Program for Health Facility Administrator Licensure Form* completed by the state that approved your administrator-in-training program; **OR**
3. completion of a residency/internship in health care administration completed as part of a degree requirement (possession of associate degree, bachelor degree or higher) that is determined by the Board to be equivalent to the administrator-in-training requirements of this state. You will be required to submit documentation of this residency/internship; **OR**
4. one (1) year active work experience as a chief executive officer or chief operations officer in a hospital; **OR**
5. a master's degree in health care administration and six (6) months of active work experience as a licensed health facility administrator in another state.

## EXAMINATION INFORMATION

### 1. National Association of Board of Examiners of Long Term Care Administrators (RCAL) Examination

Once the licensure requirements have been satisfied and the *Affidavit of Completion* has been submitted to our office, candidates for the RCAL examination need to visit the NAB website at [www.nabweb.org](http://www.nabweb.org) to apply for the examination. The *Information for Candidates Handbook* may be downloaded off the NAB website and study materials may be ordered from the NAB website.

After you submit your application to the NAB, the Board will determine your eligibility to test. Once the Board makes you eligible, you will receive an electronic Authorization to Test (ATT) letter detailing the time constraints and steps necessary to schedule an appointment to test.

Once the Professional Licensing Agency receives your results from NAB stating that you have successfully passed the examination, you will receive the results via e-mail.

### 2. Indiana Jurisprudence Examination

Candidates for the Indiana State Jurisprudence Examination must meet all the educational and experience requirements and have successfully completed the NAB exam prior to being approved to take the state examination. **All applicants for licensure must take and pass the Indiana Jurisprudence examination.** The examination consists of 75 questions and covers the following: Health Facility Administrator Statute (IC 25-19); Health Facility Administrator Rules (840 IAC 1 and 840 IAC 2); Health Professions Standards of Practice (IC 25-1-9); Infectious Waste Regulations (410 IAC 1-3); Universal Precautions (410 IAC 1-4); and the Health Facility Rules (410 IAC 16.2).

After an application is reviewed and approved, the *Intent to Take the Health Facility Jurisprudence Examination* form that lists the available examination dates will be emailed. **The *Intent* form may either be submitted by mail or by fax to 317-233-4236, and must be received by our office at least two (2) business days prior to the selected examination date.**

### 3. Testing Accommodation Request

If you have a disability that may require an accommodation in taking the examination(s), please request a *Testing Accommodation Request Form* from the Professional Licensing Agency by calling 317-234-3022. If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333.

## INDIANA PROFESSIONAL LICENSING AGENCY

If you have questions concerning the application process or concerning the administrator-in-training program, please call 317-234-3022, email us at [pla10@pla.in.gov](mailto:pla10@pla.in.gov) or visit our website at [www.in.gov/pla/hfa.htm](http://www.in.gov/pla/hfa.htm).

If you have any changes to the information you provided during the application process or after you are licensed (i.e. name change, address) be advised that it is your responsibility to update that information with the Professional Licensing Agency. To update your name, you must submit proof of change (marriage certificate, legal name change court document, divorce decree) by mail or by email at [pla10@pla.in.gov](mailto:pla10@pla.in.gov).

*Mailing Address:*

Professional Licensing Agency

Indiana State Board of Health Facility Administrators

402 W Washington Street, Room W072

Indianapolis, Indiana 46204

(317) 234-3022 phone | [pla10@pla.in.gov](mailto:pla10@pla.in.gov)