



Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services

**Board of Nursing Home Administrators**

PO Box 30670

Lansing, MI 48909

(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

**NURSING HOME ADMINISTRATORS  
EXAMINATION APPLICATION PACKET**

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### **NURSING HOME ADMINISTRATORS EXAMINATION INSTRUCTIONS**

Please read application instructions carefully and answer all questions completely.  
Failure to do so may cause a delay in your application process.

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Nursing Home Administrators. An application accompanied by the appropriate fee is valid for two years.
2. Applicants for a Michigan health professional license are required to submit fingerprints and undergo a Criminal Background Check (CBC). Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. All applicants must apply for the Michigan NHA license before being allowed to take the licensing examinations. You will be required to take and pass both the Michigan (State-Based) and the National (NHA) examinations. Both examinations are administered in a computerized format. A passing score on either the Michigan or the National Examination is valid from 1 year from the date of the examination. An applicant may sit for the National and Michigan examinations a maximum of 6 times for each examination. Information about the licensing examinations is available at [www.nabweb.org](http://www.nabweb.org).
4. To meet the requirements for examination, you must arrange for one of the following to be received in this office:
  - a. Proof of having completed an approved course of instructional training in Nursing Home Administration. Documentation of completion must be sent to the Board directly from the educational program using the Certification of Education Form that is part of this application packet.

**OR**

  - b. Proof of employment as a chief executive or administrative officer at a state- licensed hospital for not less than 5 of the 7 years immediately preceding the date of applying for the nursing home administrator license. The Director of the state- licensed hospital where you have been employed must submit the Certification of Employment Form (attached) directly to the hospital.
5. Once you have met the requirements for examination, you will be sent information about how to register online to take the examinations. Michigan requires that you pass both the National (NHA) and the Michigan (State-Based) examinations that are administered by the National Association of Long Term Care Administrator Boards (NAB). Information about exam review courses sponsored by the Michigan Chapter of the American Health Care Administrators (ACHCA) is available on their website, [www.miachca.org](http://www.miachca.org).

6. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent NHA license or registration. **Copies of licenses are not acceptable.**

**Please Note:**

- An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

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## FOR BOARD USE ONLY

License Number:

Issue Date:

## APPLICATION FOR EXAMINATION

I am applying for the following:

 **Nursing Home Administrator by Examination Fee: \$75.00 71-4801-01**

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

**1. Demographic Information**

First Name:

Middle Name:

Last Name:

U.S. Social Security #:

Birth Date:

Street Address:

Apt/Bldg#:

City:

State:

Zip Code:

Country:

Phone Number:

Email Address:

Have you ever held a health professional license in any profession in Michigan?

 Yes No

Health Professional Permanent I.D./License Number:

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Expiration Date:

Have you ever been known under any other name?

 Yes

If yes, list name(s):

 No

Will documents be received under any other name?

 Yes

If yes, list name(s):

 No

Have you ever filed an application for this type of license in Michigan?

 Yes No

**Full Name:**

**2. Personal Data Questions**

1. Have you ever been convicted of a felony?

If yes, please explain

Yes

No

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?

If yes, please explain

Yes

No

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?

If yes, please explain

Yes

No

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

If yes, please explain

Yes

No

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?

If yes, please explain

Yes

No

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?

If yes, please explain

Yes

No

7. Have you ever been censured or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

If yes, please explain

Yes

No

8. Have you ever been treated for substance abuse in the past 2 years?

If yes, please explain

Yes

No

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

<b>Full Name:</b>					
Have you taken a National examination for another U.S. Jurisdiction? Please list exam name and date taken (month & year)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken a State Constructed examination for another U.S. Jurisdiction? Please list state and date taken (month & year)					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Professional Education</b>					
Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/Degree Granted		
<b>4. License(s) in Other State(s) and/or Province(s)</b>					
Do you hold or have you held a permanent license or registration in any state or Canadian province, for the type of license for which you are applying?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list each state or province, the license or registration number, the date issued, the number of years you held the license, and how the license was obtained (either examination or endorsement). <b>DO NOT LIST TEMPORARY LICENSES.</b> (Attach additional sheets if necessary.)					
State/Country	Permanent License/Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam, Endorsement)
<b>5. Certification</b>					
I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial recordkeeping organization.					
I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.					
The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.					

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

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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**CERTIFICATION OF NURSING HOME ADMINISTRATOR EDUCATION**

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, certification will not be issued.

**SECTION I – APPLICANT INFORMATION**

**Instructions:** Complete Part I. Type or print your name exactly as it appears on your application. Print this form and then for completion of Section II, send this form to the Director of your education program or the Registrar of the institution in which you completed your nursing home administrator course of instruction. This form must be submitted directly to the Michigan Board of Nursing Home Administrators by your education program or school.

First Name	Middle Name	Last Name
Street Name		Apt/ Bldg. #
City	State	Zip Code
US Social Security Number	Birth Date	Email Address
Name of Educational Program/School		Degree Awarded
School Address		
City	State	Zip Code
Date of Admission		Date of Completion

Signature of Applicant	Date
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**APPLICANT – UPON COMPLETION OF SECTION I, PRINT THIS FORM AND SEND IT TO YOUR EDUCATIONAL PROGRAM/SCHOOL FOR COMPLETION OF SECTION II ON THE NEXT PAGE.**



**THIS PAGE TO BE COMPLETED BY THE SCHOOL**

Please complete the following information. Return this complete certification directly to the Michigan Board of Nursing Home Administrators, PO Box 30670, Lansing MI 48909.

**SECTION II – APPROVED COURSE OF INSTRUCTION AND TRAINING**

Name of Program/School

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This course of instruction and training was completed in a regionally accredited institution that is recognized by CHEA and/or the United States Department of Education  Yes  No

I certify that \_\_\_\_\_ attended the educational program/school  
(Applicant's Full Name)

named above from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

and completed a course of instruction and training that included, at a minimum, a total of 9 semester credits or 144 clock hours of instruction. The instruction included all of the following subjects:

- Administrative management of a nursing home
- Human resources or personnel management in a nursing home
- Financial management of a nursing home
- State and federal laws governing the operation of a nursing home and the protection of patients in a nursing home
- Gerontology or the aging process
- Patient care
- Services provided in a nursing home
- Infection control
- Environmental issues
- Emergency preparedness

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
(Seal)  
Print or Type name of Program/Director

If school has no seal, please indicate

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**VERIFICATION OF EMPLOYMENT**

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, certification will not be issued.

**SECTION I – APPLICANT INFORMATION**

**Instructions:** Complete Part I. Type or print your name exactly as it appears on your application. Send this form to your employer. **This form must be submitted directly to the Michigan Board of Nursing Home Administrators by the hospital.**

First Name	Middle Name	Last Name
Street Name		Apt/ Bldg. #
City	State	Zip Code
US Social Security Number	Birth Date	Email Address

APPLICANT: Upon completion of Section I, print, sign, and date the form then send the form to the President or Director of the hospital for completion.

**SECTION II-EMPLOYMENT CERTIFICATION**

The President or Director must complete the following information and return the completed certification to the Michigan Board of Nursing Home Administrators, PO Box 30670, Lansing, MI 48909

I certify that \_\_\_\_\_ has been employed as a  chief executive or  administrative officer at a state- licensed hospital for not less than 5 of the 7 years immediately preceding the date of applying for a Michigan nursing home administrators license.

\_\_\_\_\_  
Print Name of President/Director

\_\_\_\_\_  
Signature of President/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name and Address of the hospital

Please print out the application (Pages 5-7). Sign and date your application, and submit the application along with any supporting documentation and your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs

Bureau of Health Care Services

Board of Nursing Home Administrators

PO Box 30670

Lansing MI 48909

## APPLICATION CHECKLIST

**Application Fee:** Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

**1. Demographic Information:** Social Security Number: Please list only a United States Social Security number.

**Name:** List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

**Birth Date:** Provide the month, day and year of your birth.

**Address:** List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify in writing within 30 days.

**Phone:** Enter a telephone number where you can be reached in case we have questions about your application.

**E-mail:** Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

**Other name(s):** Indicate whether you have been known by any other names.

**2. Personal Data Questions:** All applicants must answer the same personal data questions. If you answer “yes” to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

**3. Professional Education:** List your current or completed Nursing Home Administrator school. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

**4. License in Other State(s) and/or Province(s):** List all states/provinces where you have held a Nursing Home Administrator license or registration. Indicate method of licensure-examination or endorsement.

**5. Certification:** You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

## TOP THINGS APPLICANTS SHOULD KNOW

1. NOTE: If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for an application for a Michigan license or registration.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Nursing Home Administrators office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. **SPECIAL ACCOMMODATIONS:** If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. We also require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing Home Administrators, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909
8. REFUND POLICY: If you wish to withdraw your application, you must notify the Board of Nursing Home Administrators in writing to request a partial refund.
9. If your name and/or address changes please notify the Board of Nursing Home Administrators in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing Home Administrators, Applications Section, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at [www.michigan.gov/elicense](http://www.michigan.gov/elicense).

## GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board-approved program.
CONTINUING EDUCATION	A Nursing Home Administrator is required to earn 36 hours of board-approved continuing education hours to renew the license.
ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license that has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

## FREQUENTLY ASKED QUESTIONS

**Q. How long will it take to process my application?**

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

**Q. What do I do if I forgot to include my payment with my application?**

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing Home Administrators, PO Box 30670, Lansing, MI 48909.

**Q. How do I check on the status of my application?**

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at [www.michigan.gov/appstatus](http://www.michigan.gov/appstatus).

**Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?**

We ask that you submit your application, fee and information regarding the occurrence. The Board will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

**Q. Do I have to earn continuing education (CE) for this first license?**

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education in order to renew for the first time. However, after the first renewal, Michigan nursing home administrators are required to earn 36 hours of board-approved CE credit over each two-year cycle of licensure. At least two of these hours must be in pain and symptom management. At least 18 of these hours must be earned by completing live courses or programs that provide for direct interaction between faculty and participants. No more than 18 hours may be completed in distance learning programs. The Michigan Board of Nursing Home Administrators does not receive attendance reports or track your education for you. You should maintain copies of your CE certificates for three years in case you are audited by the Michigan Board of Administrators. Detailed information regarding the CE requirements for Nursing Home Administrators can be found at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).

**Q. How long is my license valid?**

The initial license is good a partial licensure cycle and will expire on the upcoming October 31 renewal date. Each subsequent license will cover a full two-year cycle.

## WEBSITES AND LINKS

### WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	<a href="http://www.michigan.gov/lara">www.michigan.gov/lara</a>
Bureau of Health Care Services	<a href="http://www.michigan.gov/bhcs">www.michigan.gov/bhcs</a>
Health Professions Licensing Division	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Board of Medicine Rules	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Public Health Code	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Application Status	<a href="http://www.michigan.gov/appstatus">www.michigan.gov/appstatus</a>
Verify a Health Professional License	<a href="http://www.michigan.gov/verifylicense">www.michigan.gov/verifylicense</a>
Renewal Website	<a href="http://www.michigan.gov/elicense">www.michigan.gov/elicense</a>

### LINKS:

Michigan Chapter of the American College of Health Care Administrators (ACHCA)	<a href="http://www.miachca.org">www.miachca.org</a>
National Association of Long Term Care Administrator Boards (NAB)	<a href="http://www.nabweb.org">www.nabweb.org</a>
Identogo	<a href="http://www.identogo.com">www.identogo.com</a>



# STATE OF MICHIGAN

## Michigan Nursing Home Administrator State Licensure Examination

The Michigan Nursing Home Administrator Licensure Examination is designed to determine that entry-level administrators possess the knowledge essential to protect the public's health, safety and welfare. The Michigan exam is called NHA State-based Exam on the exam registration website ([www.nabweb.org](http://www.nabweb.org)).

### **STATE EXAMINATION INFORMATION**

The Michigan (State-based) Nursing Home Administrator Licensure Examination consists of 100 multiple choice questions based on the laws and rules of Michigan that apply to nursing home administration and facilities management. The content and weighting of the examination are as follows:

- I. Community/Public Health Laws .....50%**
  - A. State Administration
  - B. Administrative Management of Facilities
  - C. Patient Care
  - D. Physician Services
  - E. Nursing Services
  - F. Infection Control
  - G. Food Services
  - H. Pharmaceutical Services
  - I. Other Services
  - J. Records
  - K. Building and Grounds
  - L. Emergency Procedures
  
- II. Medicaid Regulations.....20%**
  - A. Contractual Obligations
  - B. Reporting Requirements
    - 1. Admission and Discharge
    - 2. Patient Financial Status Requirements
    - 3. Trust Fund Reporting Requirements
    - 4. Annual Cost Reporting
    - 5. Billing Procedures
  
- III. Nursing Home Administrators' State License Law .....10%**

"Michigan Public Health Code", Article 15, Part 161 and Administrative Rules of Michigan Board
  
- IV. State Fire Safety Laws .....10%**
  
- V. Michigan Labor Laws and Management Laws .....10%**
  - A. Unemployment Insurance
  - B. Worker's Compensation
  - C. Labor Relations

## REFERENCE INFORMATION

Suggested References for the Michigan Nursing Home Administrator Licensure Examination:

1. "Michigan Public Health Code", Article 17, Parts 201 and 217, and "Rules for Nursing Homes and Nursing Care Facilities"-Internet address: [www.michigan.gov/bhcs](http://www.michigan.gov/bhcs). On the left hand side of the page, select the "Long Term Care" link. Under the "Resources" section located in the middle of the page, select "Nursing Home Enforcement". Under "Statutory Reference Links" look for "Administrative Rules" and then download "Nursing Home and Nursing Care Facilities" rules. The state exam includes questions from the Public Health Code. On the left hand side of the page, select the "Long Term Care" link. Under the "Resources" , section located in the middle of the page, select "Federal and State Legislation" from the bottom table named "Public Health Code", and then download "Facilities and Agencies" and "Nursing Homes". If you do not have internet access, contact the Department of Licensing and Regulatory Affairs (LARA), Long Term Care Division, PO Box 30035, Lansing, MI 48909, telephone: (517) 335-0918.
2. "Nursing Facility" chapter of the Medicaid Provider Manual, Department of Community Health (DCH), Medical Services Administration (MSA)-Internet access: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders). Scroll through to the box in the middle of the page for the link that is titled "Policy and Forms", then click on the "Medicaid Provider Manual" to obtain the chapter on Nursing Facilities. If you do not have internet access, contact Medicaid Policy Support by fax at 517-335-5136 or email a request to [MSA-Forms@michigan.gov](mailto:MSA-Forms@michigan.gov) to order a CD copy of the Medicaid Provider Manual.
3. "Michigan Public Health Code", Article 15, Part 161. Internet address: [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense). Scroll to the bottom of the page. Under the "Resources" section, select "Public Health Code". Then click on the first document listed, 368-1978-15-161, Part 161 General Provisions.
4. "Administrative Rules of the Nursing Home Administrators Board", Rules 339.14001 through 339.14035, Internet address: [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense). Scroll to the bottom of the page. Under the "Resource: section, select "Administrative Rules for the Health Boards" from the new webpage locate the Nursing Home Administrator rules
5. "Health Care Facilities Fire Safety Rules"-Administrative Rule 29.1801 through Rule 29.1861-Internet address:[www.michigan.gov/bfs](http://www.michigan.gov/bfs). On the left hand side of the page, click on "Public Acts and Administrative Rules", click on "BFS Administrative Rules" and finally select "Health Care Facilities Fire Safety Rules". If you do not have internet access, contact LARA, Bureau of Fire Services, P.O. Box 30700, Lansing, MI 48909, telephone (517) 241-8847.
6. "Workers Compensation", 3 publications: Internet address: [www.michigan.gov/wca](http://www.michigan.gov/wca). Click on "Publications" on the left side of the page. Exam questions will come from three of the listed publications: WCA Administrative Rules, Medical Services: An Overview for Workers' Compensation in Michigan, and Workers Compensation Act of 1969, Act 317 of 1969. If you do not have internet access, contact LARA, Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909, telephone: 1-888-396-5041 or 517-322-1980.
7. "Employee Handbook"-Available only through mail order. Order forms are available on-line at: [www.michigan.gov/uia](http://www.michigan.gov/uia). To download the UIA Employer Handbook Order Form, click on "Forms" on the left side of the page. Then, under the section titled "UIA Employer Forms", the UIA Employer Handbook Order Form is the last one listed.