Nursing Facility Administrator Program

Review of Academic and Alternative Education Requirements

Complete the information below to have your 15 semester credit hours reviewed for compliance with the five domains of the National Association of Long Term Care Administrator Boards (NAB). Submit a copy of your transcript and course descriptions for each course listed on this form. For additional information, see the **Nursing Facility Administrator (NFA) licensure rules at Texas Administrator Code, Title 40, Part 1, Chapter 18, §18.11 Academic Requirements.**

Last Name:	First Name:	Middle Name:
Last name listed on transcript if different than above:		
Mailing Address:		
City:	State:	ZIP Code:
Email Address:	Telephone No.	

Domain: *(Example: Resident Care)*	**Number and Name of Course:** *(LTCA-1312 Resident Care/LTC)*	**Name of University:** *(Tarrant County)*
Resident Care		
Human Resources		
Finance		
Physical Environment		
Leadership and Management		

I also wish to have my resume reviewed to see if I qualify to waive 500 hours of the administrator-in-training-internship. Requirements are listed in the **NFA licensure rules at §18.13, Alternative Education, Training and Experience**. Attach a current resume if you are requesting a review of this requirement.

☐ **Yes** ☐ **No**

Mail the complete form and course descriptions to:

Nursing Facility Administrator Program
Department of Aging and Disability Services
PO Box 149030, Mail Code E-420
Austin, TX 78714-9030

Once a review of your documents has been completed you will be contacted by email with the results.