

# Long Term Care Regulatory (LTCR) Licensing and Credentialing Systems

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Training Guide for NFA Licensing  
Applicants

**Texas Health and Human  
Services (HHS)**

**[July 13, 2022]**



**TEXAS**  
Health and Human  
Services

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## Overview

Texas Health and Human Services Commission (HHSC) has developed Nursing Facility Administrator (NFA) applications, an online system for Long Term Care Regulatory (LTCR) licensing and credentialing applicants within the Texas Unified Licensure Information Portal (TULIP).

The portal will allow users to:

- Create and submit licensing and credentialing applications online.
- Address application deficiencies.
- Attach or upload documents related to applications.
- Submit application payments online (when applicable).
- Perform public searches for NFA license statuses.

This training guide is organized into the following major categories:

- Portal Login - Applicant registration, login, and password reset.
- Public Search - Public search to allow search for NFA license status.
- Applicant Actions - Create, edit and submit NFA applications.

*Note: TULIP is optimized for the [Google Chrome browser](#) therefore it is recommended.*



## 1. Registration and Logging into the TULIP

It is highly recommended that you bookmark the login page (<https://txhhs.force.com/TULIP/s/login/>) for easy access to TULIP.

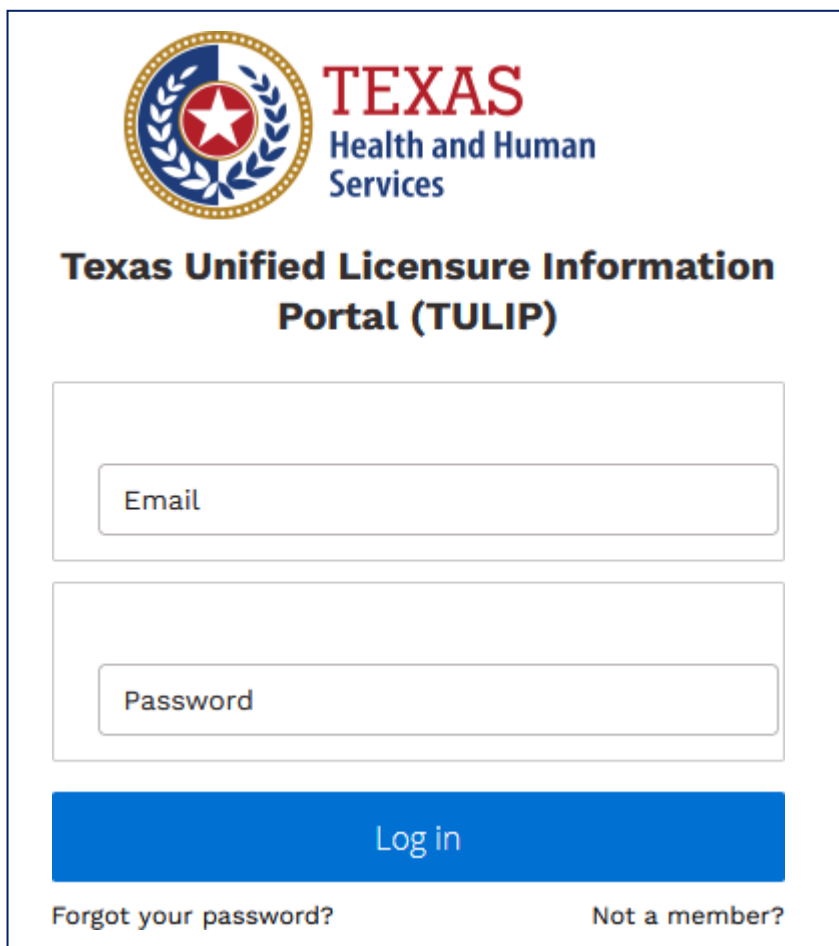
The image shows the login page for the Texas Unified Licensure Information Portal (TULIP). At the top left is the Texas Health and Human Services logo, which features a circular emblem with a star and the word "TEXAS" in red. Below the logo, the text "Texas Unified Licensure Information Portal (TULIP)" is displayed. The login form consists of two input fields: "Email" and "Password". Below these fields is a blue "Log in" button. At the bottom of the form, there are two links: "Forgot your password?" and "Not a member?".

Figure 1. TULIP log in page.

### 1.1. New Registration

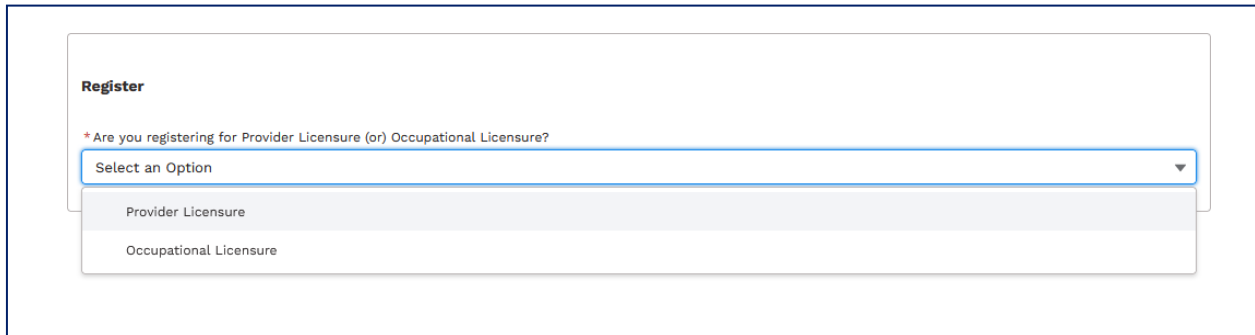
You must have a registered account for accessing TULIP.

To register, select 'Not a member?' (see Figure 1).

After clicking 'Not a member?' two license types are available for selection (see Figure 2):

- Provider Licensure – LTC providers who want to submit applications for facility/agency licenses.

- Occupational Licensure – NFA applicants.



The screenshot shows a registration form titled "Register". Below the title is a required question: "\* Are you registering for Provider Licensure (or) Occupational Licensure?". Below this question is a dropdown menu with the text "Select an Option". The dropdown menu is open, showing two options: "Provider Licensure" and "Occupational Licensure".

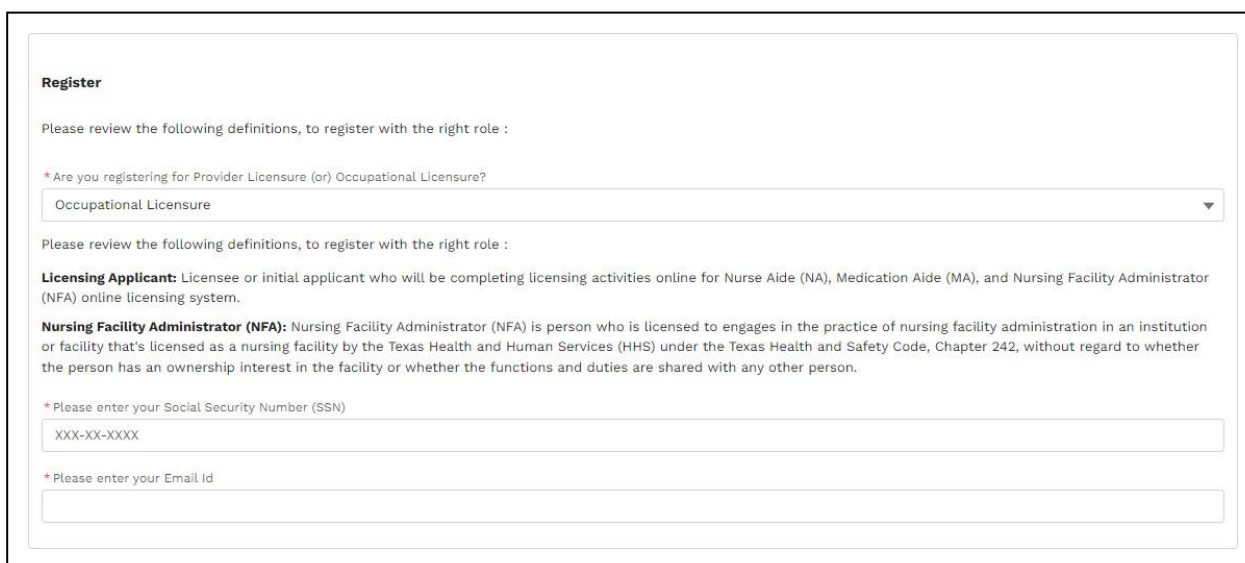
Figure 2. TULIP registration page.

*Note: Fields marked with \* are required.*

Select 'Occupational Licensure' to register for the following role:

- Licensing Applicant: Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system.
  - Nursing Facility Administrator (NFA): NFA is a person who is licensed to engage in the practice of nursing facility administration in an institution or facility that is licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person.

Social Security Number (SSN) and Email ID (email address) are required to continue registration (see Figure 3).



The image shows a web form titled "Register". It contains the following elements:

- A heading "Register".
- A prompt: "Please review the following definitions, to register with the right role :".
- A dropdown menu with the text "Are you registering for Provider Licensure (or) Occupational Licensure?". The selected option is "Occupational Licensure".
- Another prompt: "Please review the following definitions, to register with the right role :".
- Two definitions:
  - Licensing Applicant:** Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system.
  - Nursing Facility Administrator (NFA):** Nursing Facility Administrator (NFA) is person who is licensed to engages in the practice of nursing facility administration in an institution or facility that's licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person.
- A text input field for "Social Security Number (SSN)" with a placeholder "XXX-XX-XXXX".
- A text input field for "Email Id".

Figure 3. Occupational licensure registration initial page.

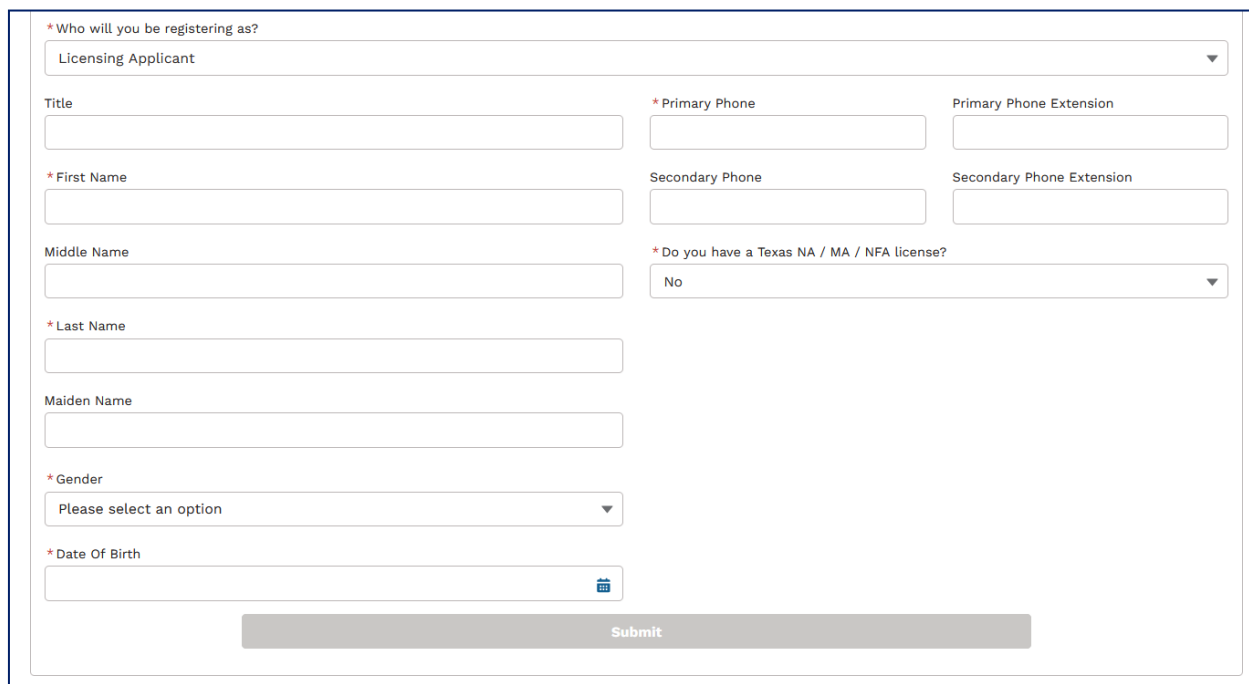
*Note: SSN and email ID (email address) fields are required. Registration will not proceed until data is entered into these fields. A valid SSN must be entered to avoid any delays in the registration process. A valid SSN will ensure a match with your profile information.*

After SSN and email ID (email address) are entered, the system will display the field 'Who will you be registering as?'. Select the role you want to register as.

- Licensing Applicant – Select this role to continue registering as NFA licensing applicant.

### 1.1.1. Licensing Applicant who does not hold a Texas license

Applicants who do not hold a license with the State of Texas must Answer 'No' to the question 'Do you have a Texas NA/MA/NFA license?', then enter the following information and submit the form (see Figure 4) to complete registration.

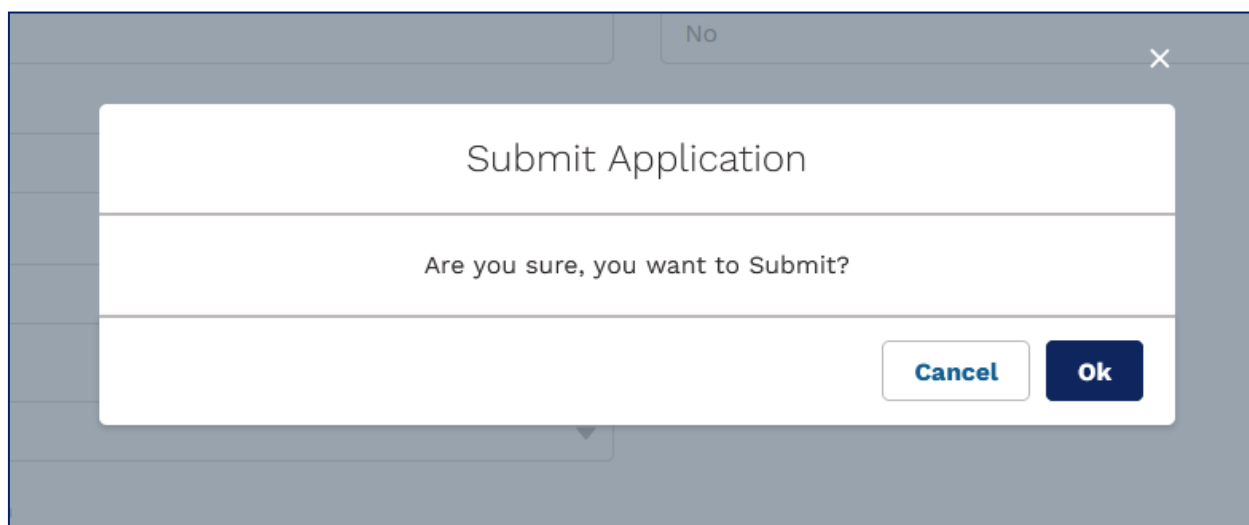


The form is titled '\* Who will you be registering as?' and has a dropdown menu with 'Licensing Applicant' selected. Below this are several input fields: 'Title', '\* First Name', 'Middle Name', '\* Last Name', 'Maiden Name', '\* Gender' (with a dropdown menu showing 'Please select an option'), and '\* Date Of Birth' (with a calendar icon). To the right of these are three phone number fields: '\* Primary Phone', 'Primary Phone Extension', 'Secondary Phone', and 'Secondary Phone Extension'. At the bottom right is a dropdown menu for '\* Do you have a Texas NA / MA / NFA license?' with 'No' selected. A large grey 'Submit' button is at the bottom center.

Figure 4. New Licensing Applicant page.

*Note: The 'Submit' button will be enabled when all required fields are entered (see Figure 4).*

Enter all required information then click 'Submit' (Figure 4). The following page will pop up to confirm submission (see Figure 5).



The dialog box is titled 'Submit Application' and contains the text 'Are you sure, you want to Submit?'. At the bottom right are two buttons: 'Cancel' and 'Ok'.

Figure 5. Confirmation page to submit the registration.

Click the 'Ok' button to submit the registration form.

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The system will display the following confirmation message after the registration application has been submitted (see Figure 6).

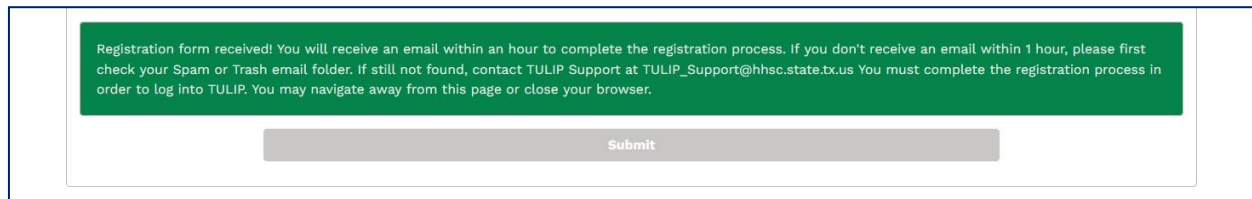


Figure 6. Confirmation message page.

## Complete Registration

Check your email inbox or spam folder for an email from TULIP to complete the registration.

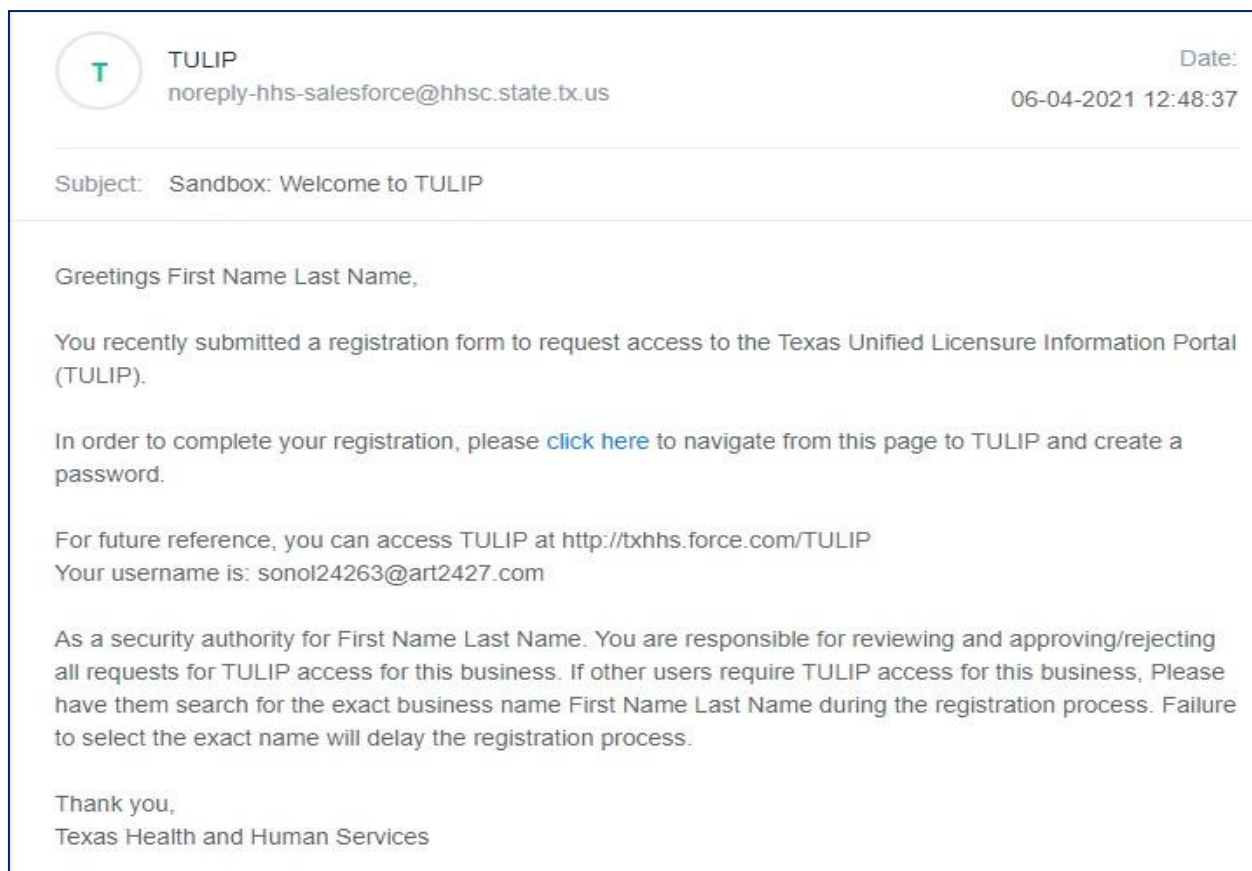


Figure 7. Email from TULIP to complete registration.

In the email, click on the 'Click here' link. This link will open the following page where you must enter a new password to complete registration (see Figure 8).

**Change Your Password**

Enter a new password for  
**sonol24263@art2427.com.tulip**. Make sure to include  
at least:

- ☐ 8 characters
- ☐ 1 letter
- ☐ 1 number
- ☐ 1 special character ⓘ

\* New Password

\* Confirm New Password

**Change Password**

Password was last changed on 4/6/2021 12:48 PM.

Figure 8. Page to enter a new password and complete registration.

You have successfully registered as licensing applicant to submit occupational licensing applications.

## 1.1.2. Licensing Applicant with existing Texas License

Applicants who hold a license with the State of Texas must complete the form below (see Figure 9). Answer 'Yes' to the question 'Do you have a Texas NA/MA/NFA license?'. then enter the NFA license number.

The form is titled 'Licensing Applicant' and contains the following fields:

- \* Who will you be registering as?** (Dropdown menu, currently showing 'Licensing Applicant')
- Title** (Text input field)
- \* Primary Phone** (Text input field)
- Primary Phone Extension** (Text input field)
- \* First Name** (Text input field)
- Secondary Phone** (Text input field)
- Secondary Phone Extension** (Text input field)
- Middle Name** (Text input field)
- \* Do you have a Texas NA / MA / NFA license?** (Dropdown menu, currently showing 'Yes')
- \* Last Name** (Text input field)
- Nurse Aide(NA) Certification Number** (Text input field)
- Maiden Name** (Text input field)
- Medication Aide(MA) Permit Number** (Text input field)
- \* Gender** (Dropdown menu, currently showing 'Please select an option')
- Nursing Facility Administrator(NFA) License Number** (Text input field)
- \* Date Of Birth** (Text input field with a calendar icon)
- Submit** (Gray button at the bottom)

Figure 9. Licensing Applicant page.

*Note: NFA license numbers must be entered in format NFA#####, if your license number is 1234, please enter NFA001234. If 123456, enter NFA123456.*

*Note: The 'Submit' button will be enabled when all required fields are entered (see Figure 9).*

Enter all required information then click 'Submit' (Figure 9). The following page will pop up to confirm submission (see Figure 10).

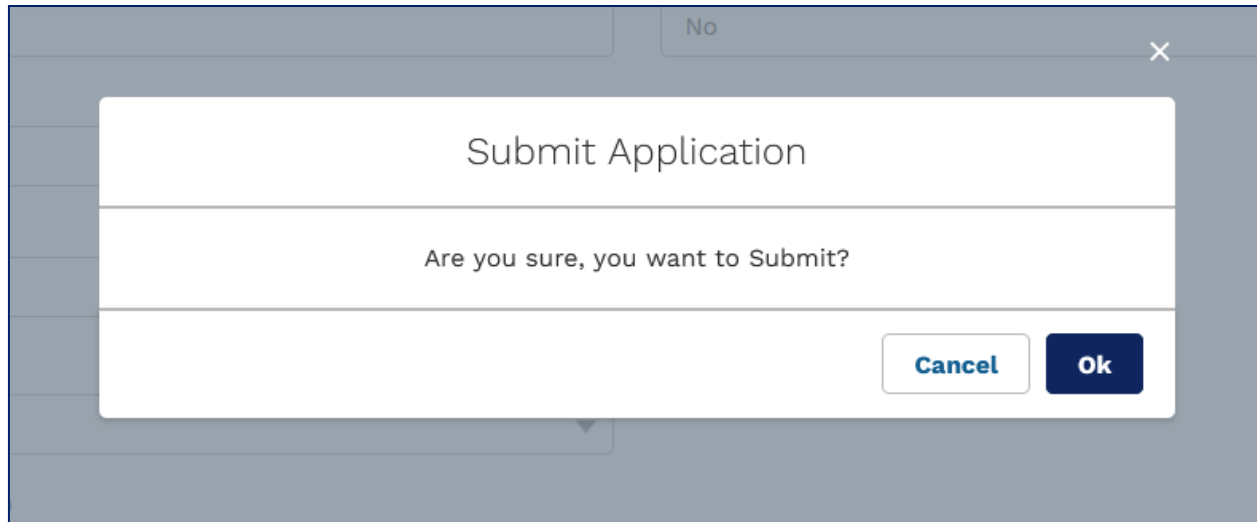


Figure 10. Confirmation page to submit the registration.

Click the 'Ok' button to submit the registration form.

The system will display the following confirmation message after the registration application has been submitted (see Figure 11).

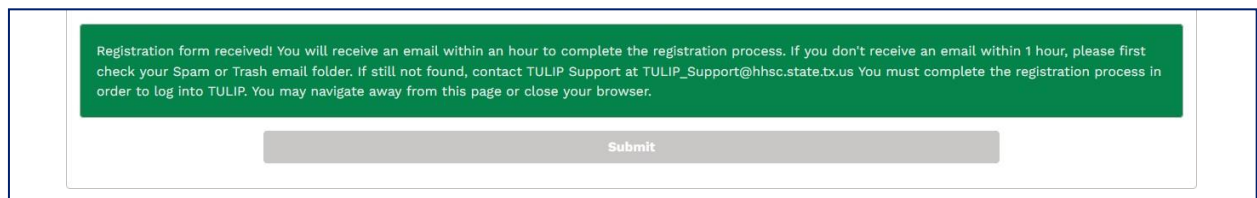


Figure 11. Confirmation message page.

## Complete Registration

Check your email inbox or spam folder for an email from TULIP to complete the registration.



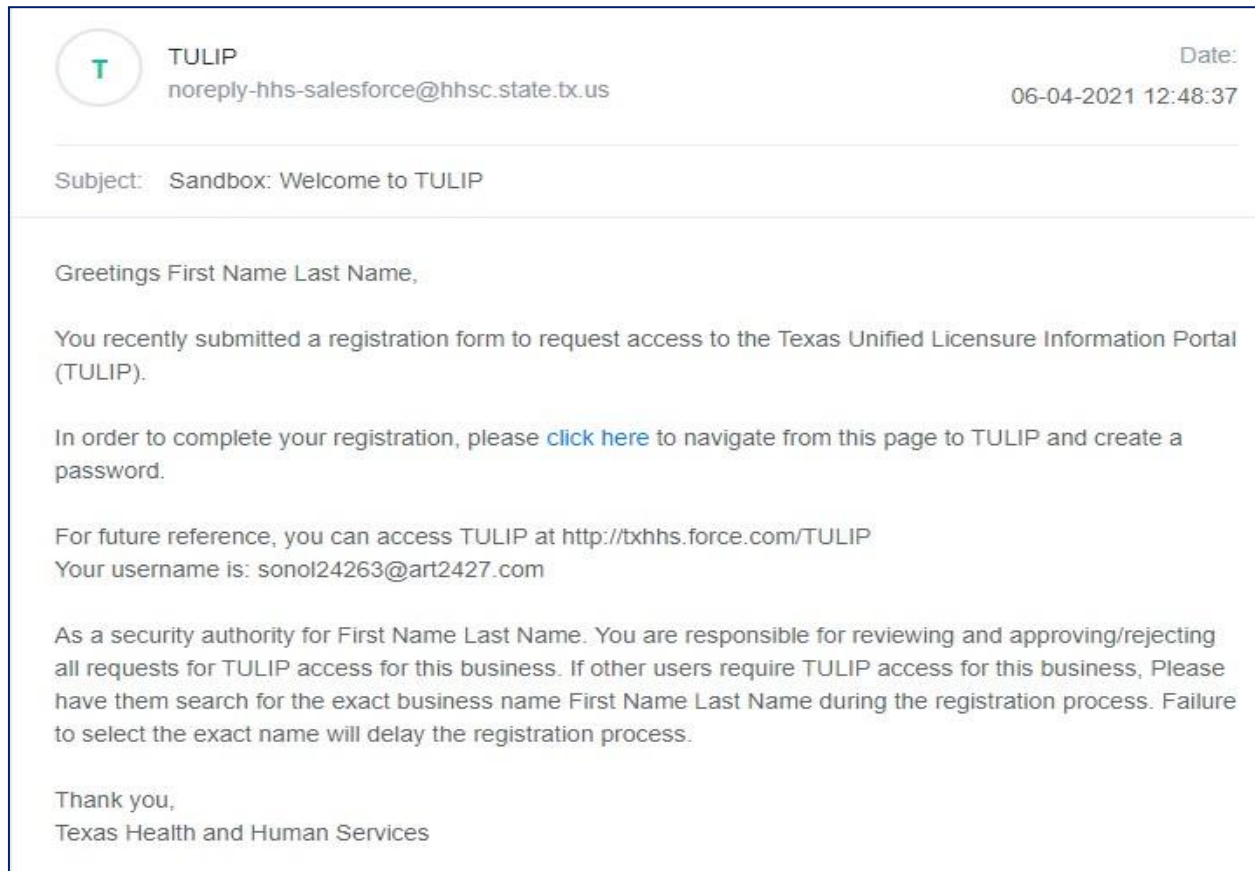
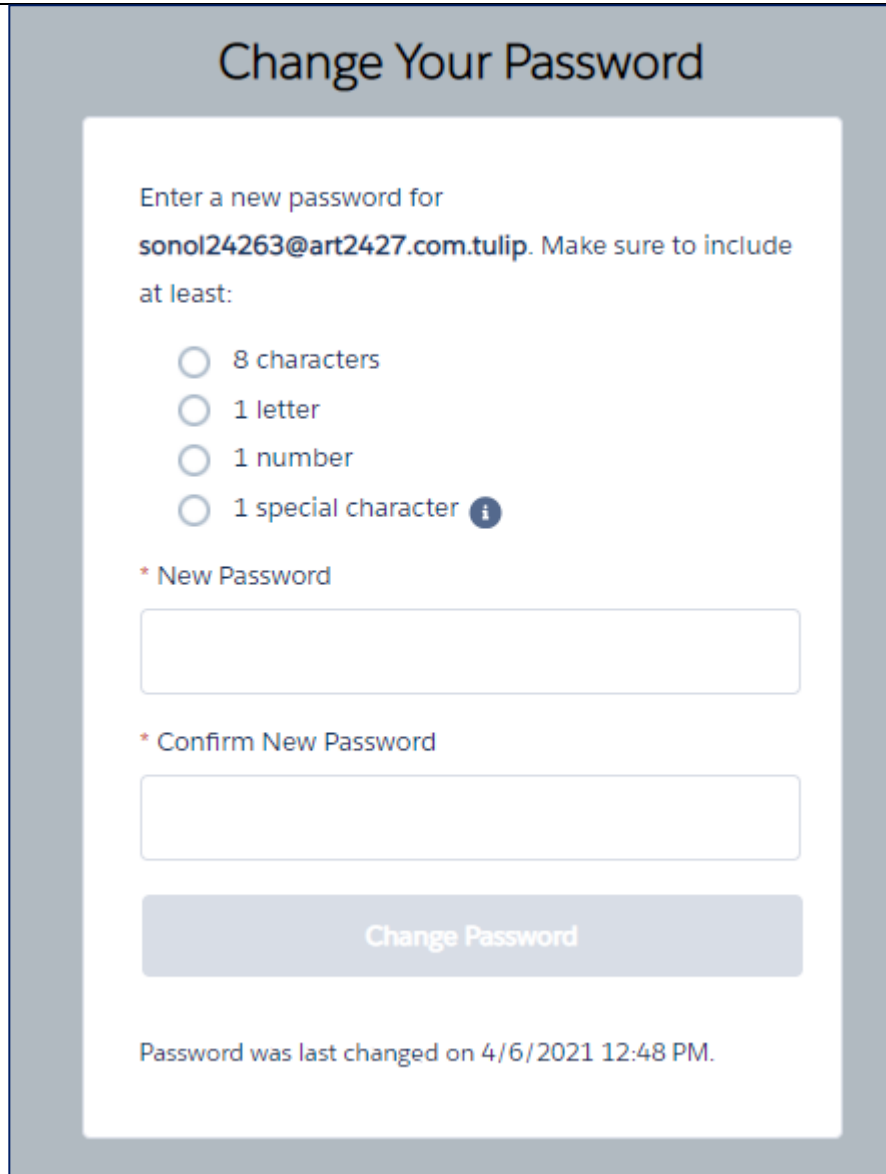


Figure 12. Email from TULIP to complete registration.

In the email, click on the 'Click here' link. This link will open the following page where you must enter a new password to complete registration (see Figure 13).



Change Your Password

Enter a new password for  
**sonol24263@art2427.com.tulip**. Make sure to include  
at least:

- ☐ 8 characters
- ☐ 1 letter
- ☐ 1 number
- ☐ 1 special character ⓘ

\* New Password

\* Confirm New Password

Change Password

Password was last changed on 4/6/2021 12:48 PM.

Figure 13. Page to enter a new password and complete registration.

You have successfully registered as licensing applicant to submit occupational licensing application.

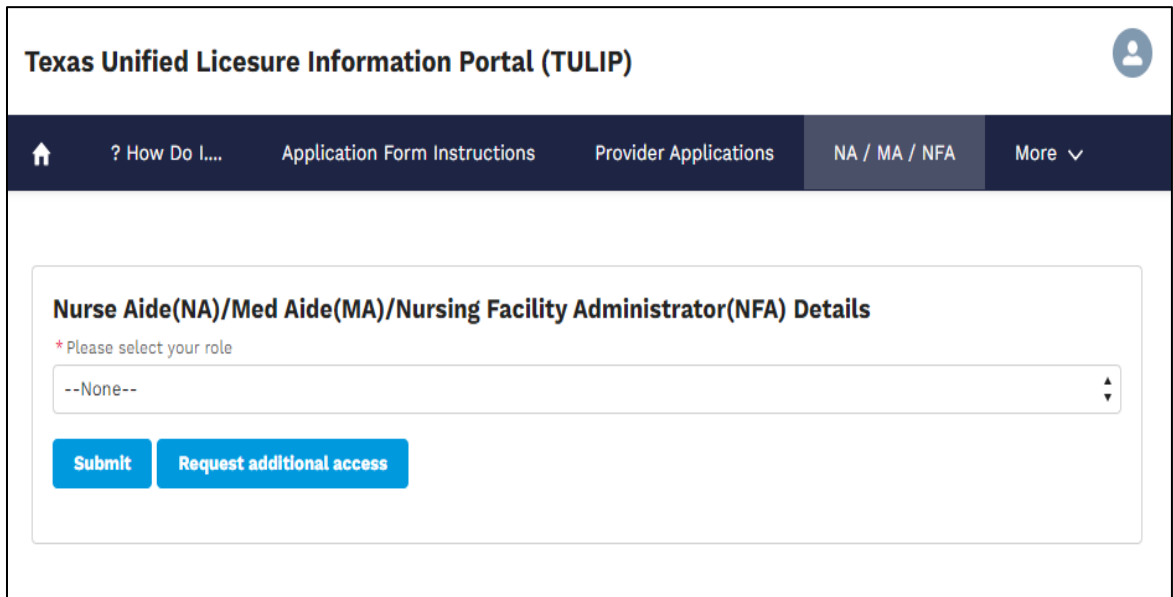
## **1.2. Existing TULIP LTC providers - request licensing applicant access**

This section is applicable to applicants who have existing TULIP Long Term Care (LTC) account to submit agency or facility applications and want to create additional account for their occupational licensing applications using `request

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants  
additional access' button on their TULIP provider/LTC account.

*Note: You can NOT use the email you used to register for TULIP provider account and must provide different email ID.*

Log into TULIP (see section [1.3 Logging in to TULIP](#) on how log into TULIP) and go to 'NA/MA/NFA' tab (see Figure 14).



The screenshot displays the 'Texas Unified Licensure Information Portal (TULIP)' interface. At the top, a dark blue header contains the portal name and a user profile icon. Below this is a navigation bar with links: a home icon, '? How Do I...', 'Application Form Instructions', 'Provider Applications', 'NA / MA / NFA' (which is highlighted), and 'More' with a dropdown arrow. The main content area features a section titled 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. Below the title is a red asterisk followed by the text '\*Please select your role'. A dropdown menu is shown with '--None--' selected. At the bottom of this section are two blue buttons: 'Submit' and 'Request additional access'.

Figure 14. Applicant home page

Click on button 'Request additional access' as shown below (Figure 15).

The screenshot shows the Texas Unified Licesure Information Portal (TULIP) interface. At the top, there is a header with the portal name and a user profile icon. Below the header is a navigation bar with links: Home, ? How Do I..., Application Form Instructions, Provider Applications, NA / MA / NFA, and More. The main content area is titled 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. It contains a dropdown menu for selecting a role, currently showing '--None--'. Below the dropdown are two buttons: 'Submit' and 'Request additional access'. The 'Request additional access' button is highlighted. Below this section is a 'Register' section with instructions and definitions for 'Licensing Applicant' and 'Nursing Facility Administrator (NFA)'. It also includes a dropdown for 'Who will you be registering as?' and a 'Submit' button.

Figure 15. Request additional access page

Select your role as 'Licensing Applicant'.

### New Licensing Applicant

Applicants who do not hold a license with the State of Texas must Answer 'No' to the question 'Do you have a Texas NA/MA/NFA license?', then enter the following information and submit the form (see Figure 16) to complete registration.

*Note: If you have a TULIP account as a Provider, you will have to use a different email ID (email address) to create a Licensing Applicant account.*

\* Who will you be registering as?

Licensing Applicant

\* Please enter your Social Security Number (SSN)

XXX-XX-XXXX

\* Primary Phone

Primary Phone Extension

\* Please enter your Email Id

Secondary Phone

Secondary Phone Extension

Title

\* Do you have a Texas NA / MA / NFA license?

Please select an option

\* First Name

Middle Name

\* Last Name

Maiden Name

\* Gender

Please select an option

\* Date Of Birth

Submit

Figure 16. Licensing Applicant registration page

## Licensing Applicant with Texas License

Applicants who hold a license with the State of Texas must complete the form below (see Figure 17). Answer 'Yes' to the question 'Do you have a Texas NA/MA/NFA license?'. then enter the NFA license number.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

*Note: If you have a TULIP account as a Provider, you will have to use a different email ID (email address) to create a Licensing Applicant account.*

The form is titled "Who will you be registering as?" with a dropdown menu set to "Licensing Applicant". It contains several input fields and dropdown menus, all marked with an asterisk to indicate they are required. The fields are arranged in two columns. The left column includes Title, First Name, Middle Name, Last Name, Maiden Name, Gender (a dropdown menu with "Please select an option"), and Date Of Birth (with a calendar icon). The right column includes Primary Phone, Primary Phone Extension, Secondary Phone, Secondary Phone Extension, a dropdown for "Do you have a Texas NA / MA / NFA license?" (set to "Yes"), Nurse Aide(NA) Certification Number, Medication Aide(MA) Permit Number, and Nursing Facility Administrator(NFA) License Number. A "Submit" button is located at the bottom center of the form.

Figure 17. Licensing Applicant page.

*Note: NFA license numbers must be entered in format NFA#####, if your license number is 1234, please enter NFA001234. If 123456, enter NFA123456.*

Enter all required fields and click on 'Submit' button to see confirmation message (Figure 18).

*Note: Submit button will be enabled when all required fields have been entered.*

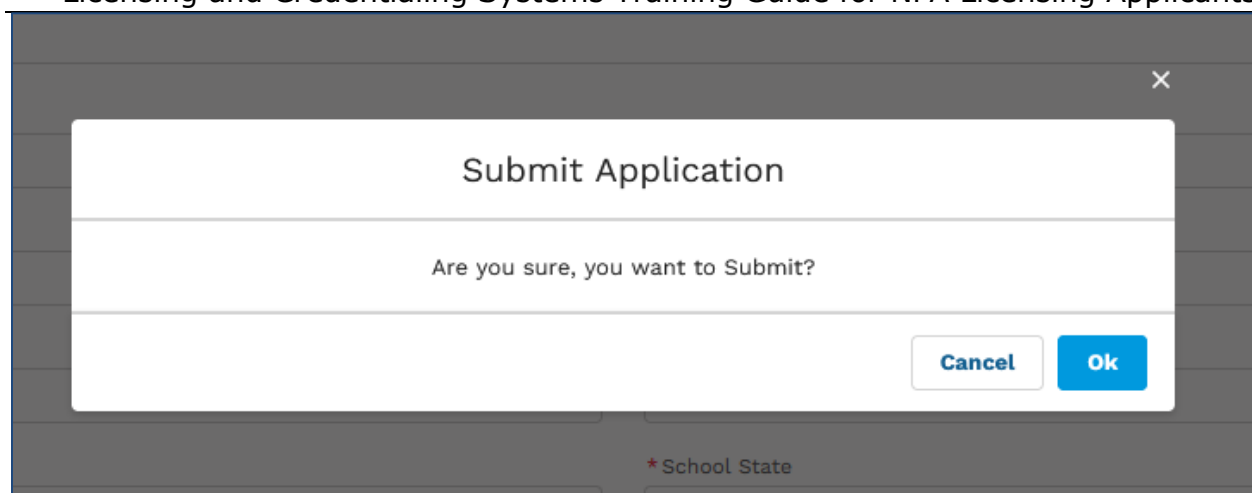


Figure 18. Submit registration confirmation page

Click on 'Ok' button to see below confirmation message (Figure 19).

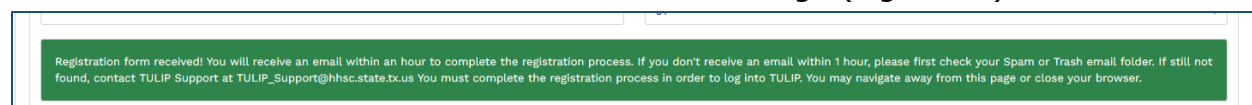


Figure 19. Confirmation message

## Complete Registration

Check your email inbox or spam folder for an email from TULIP to complete the registration.

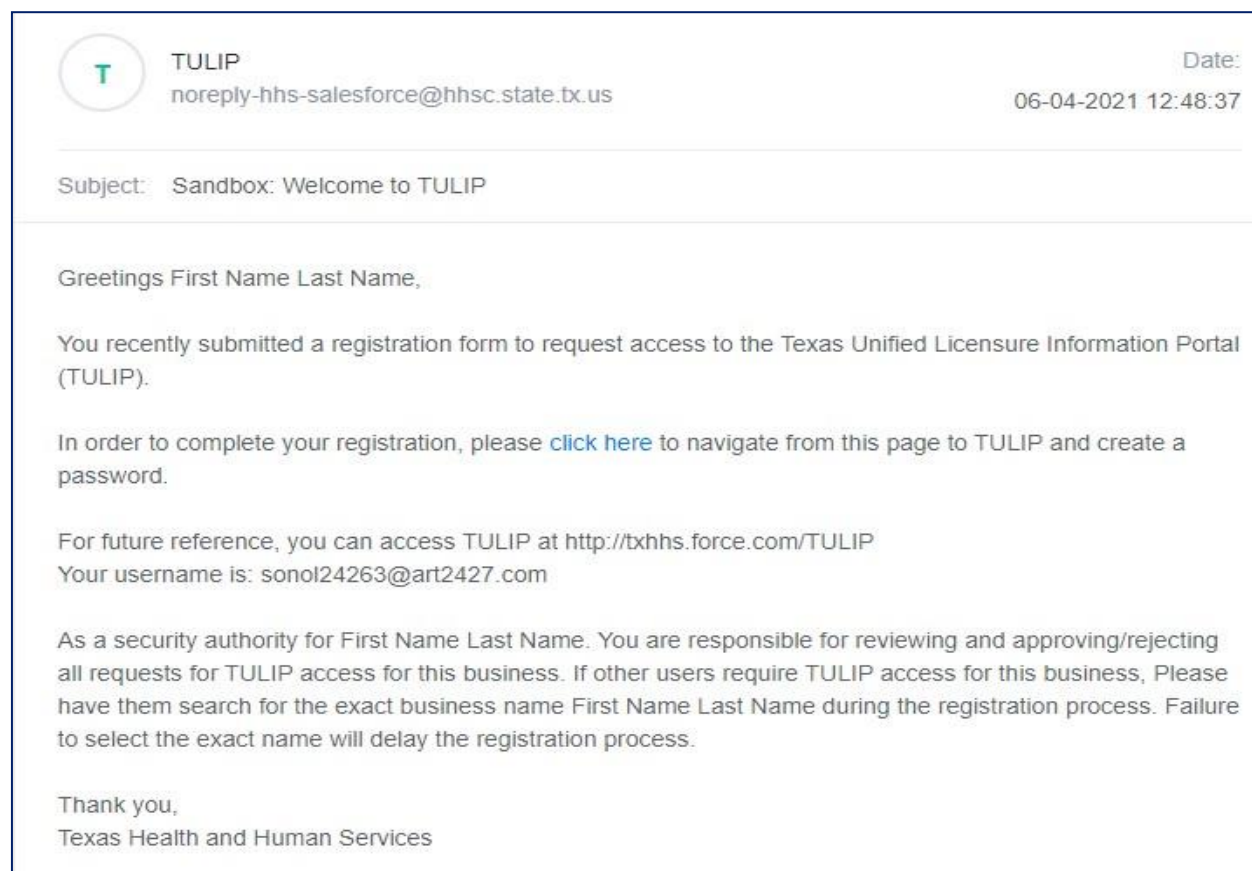


Figure 20. Email from TULIP to complete registration.

In the email, click on the 'Click here' link. This link will open the following page where you must enter a new password to complete registration (see Figure 21).



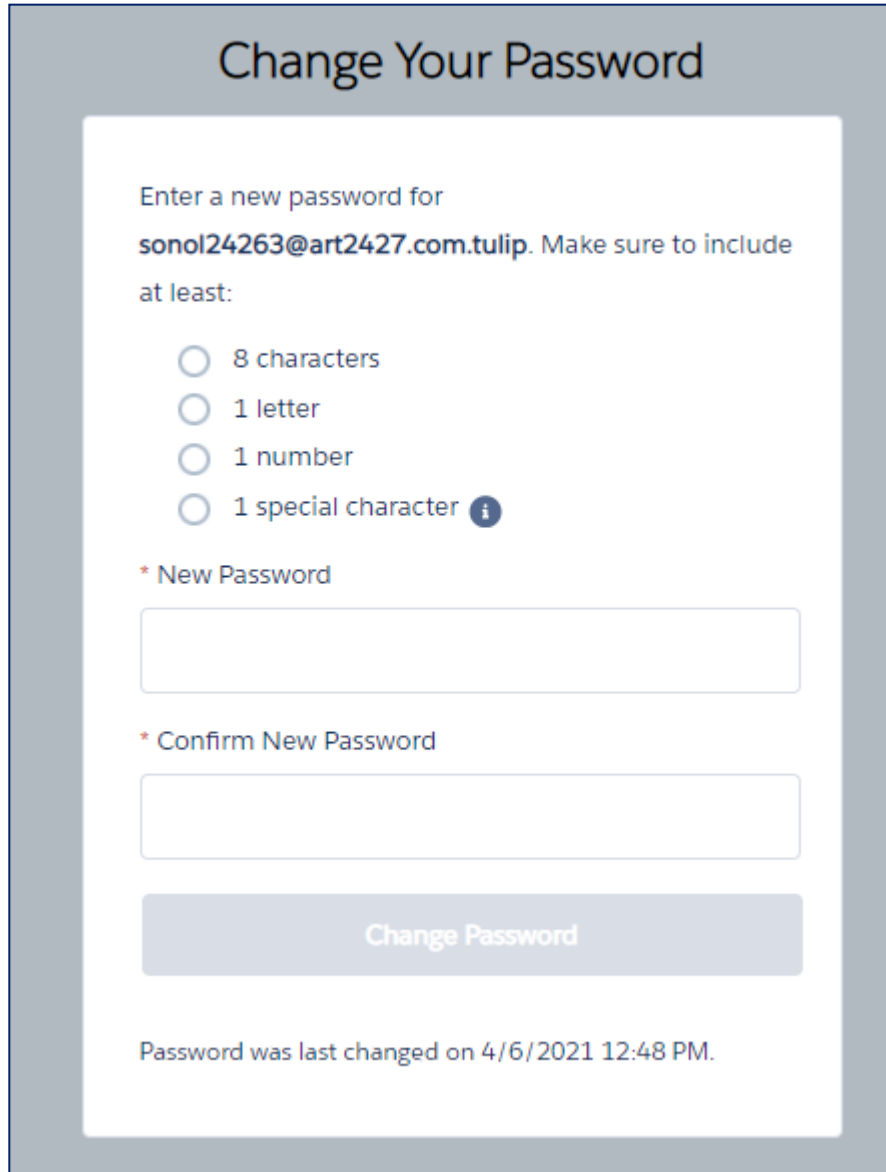
A screenshot of a web form titled "Change Your Password". The form is set against a light gray background with a white central area. At the top, the title "Change Your Password" is in a large, dark font. Below it, the text "Enter a new password for" is followed by the email address "sonol24263@art2427.com.tulip" in a bold, dark font. A requirement statement "Make sure to include at least:" is followed by four radio button options: "8 characters", "1 letter", "1 number", and "1 special character" (which includes a small information icon). Below these options, there are two required fields: "\* New Password" and "\* Confirm New Password", each with a text input box. A large, light gray button labeled "Change Password" is positioned below the input boxes. At the bottom of the form, a status message reads "Password was last changed on 4/6/2021 12:48 PM." in a smaller, gray font.

Figure 21. Page to enter a new password and complete registration.

You have successfully registered as licensing applicant to submit occupational licensing applications.

## 1.3. Logging in to TULIP

After registration is complete, Go to <https://txhhs.force.com/TULIP/s/login/>. Log in to TULIP by entering both the email address and password that you registered with followed by clicking the 'Log in' button.

### 1.3.1. TULIP Homepage

The image below is an example of the TULIP homepage after successful access to TULIP (see Figure 22). This page is used to submit or view licensing applications. To return to this page from anywhere in the portal, simply select the Home icon on the leftmost side of the page banner.

**Texas Unified Licensure Information Portal (TULIP)** Licensing Applicant

**NA/MA/NFA**

**Parent Facility/Agency Applications**

Name	Type					
> Licensing Applicant	Licensing Applicant	2023-09-22	2023-05-25	2023-08-08		

**Facility/Agency Details**

☐ Include ALL Facilities/Agencies  
 Note: If you do not see your Renewal contact TULIP Support at [TULIP\\_Support@hhs.state.tx.us](mailto:TULIP_Support@hhs.state.tx.us)

Action Requ...	Name	Type	License Num...	License Expl...	Facility Id	Renewal Ava...	To Avoid Lat...	Reviewer E...

Figure 22. TULIP Homepage.

Click on the tab 'NA/MA/NFA' to access NA/MA/NFA applications.

**Texas Unified Licensure Information Portal (TULIP)** Licensing Applicant

**NA/MA/NFA**

**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**

\* Please select your role

--None--

**Submit** **Request additional access**

Figure 23. NA/MA/NFA tab (highlighted)

See section '4. Nursing Facility Administrator Applications' on how to submit NFA applications.

## 1.4. Resetting your password

If you have forgotten your password, click “Forgot your password?” from the log in page. It is located below the ‘Log in’ button to the left (see Figure 1).

You will be prompted to enter your username. The username entered should be the email address used when registering. The following page will be displayed (see Figure 24).

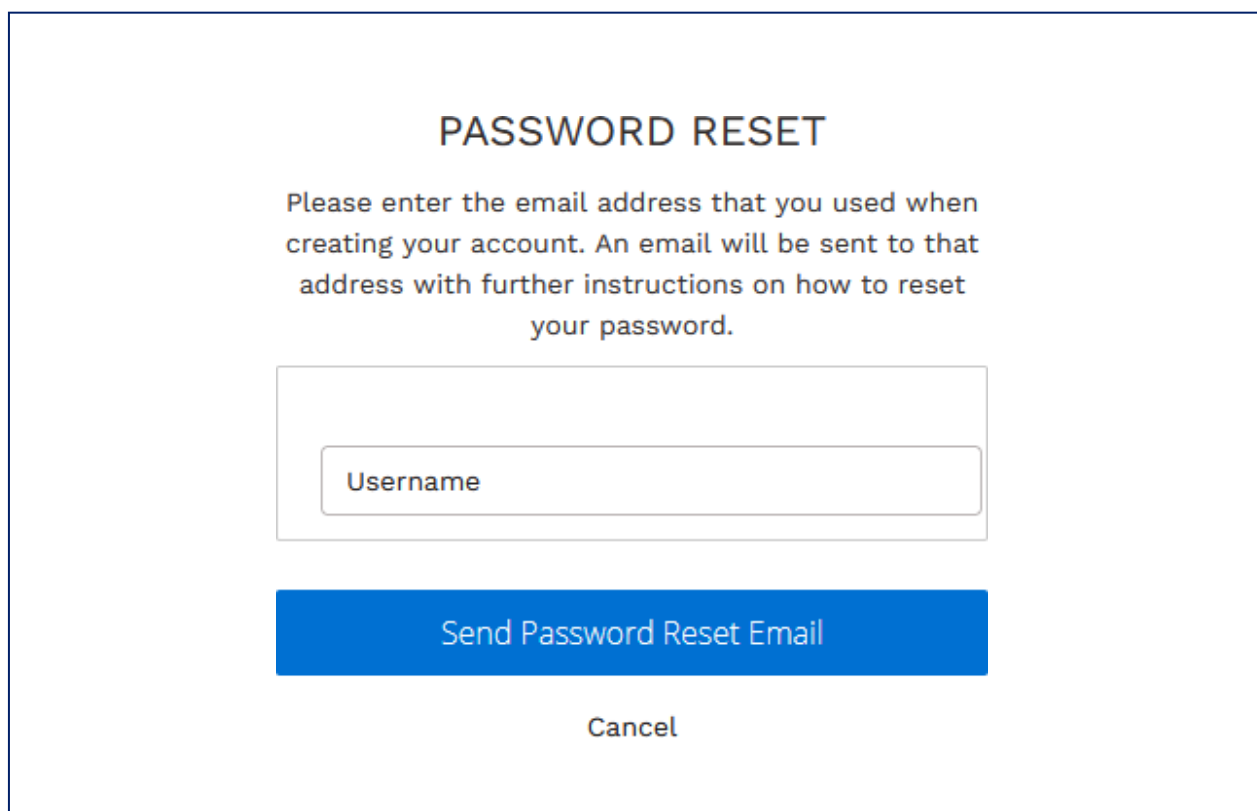
The screenshot shows a web page titled "PASSWORD RESET" in a large, bold, black font. Below the title is a paragraph of text: "Please enter the email address that you used when creating your account. An email will be sent to that address with further instructions on how to reset your password." This text is centered. Below the text is a form with a single input field labeled "Username" in a light gray font. The input field is outlined with a thin gray border. Below the input field is a large blue button with the text "Send Password Reset Email" in white. At the bottom of the form is a link labeled "Cancel" in a light gray font. The entire form is enclosed in a thin blue border.

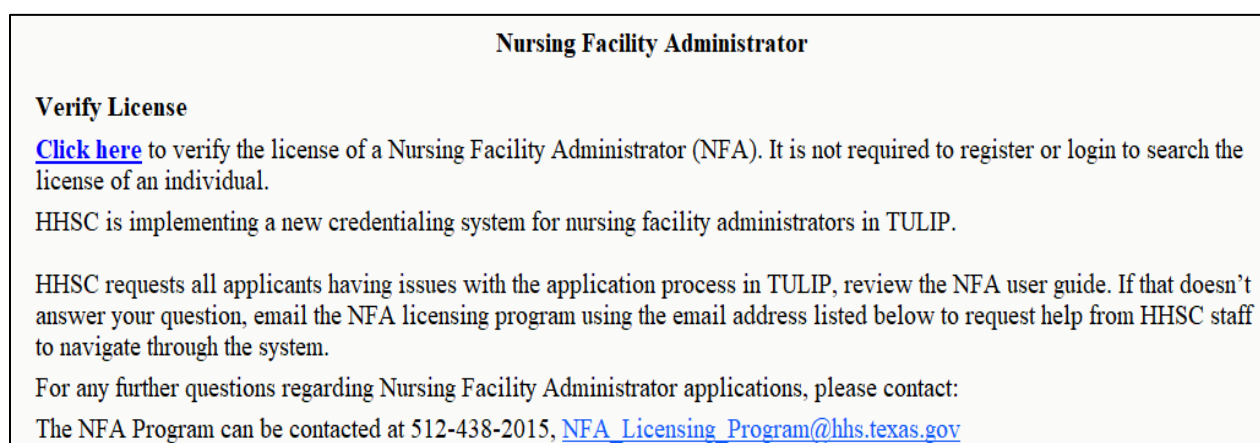
Figure 24. TULIP password reset page.

Click the ‘Send Password Reset Email’ button to reset your password.

## 2. PublicSearch

This section is for users who want to verify the license of a Nursing Facility Administrator (NFA). It is not required to register nor log in to search for the license of an individual.

Go to <https://txhhs.force.com/TULIP/s/login/>. The following page will display. (see Figure 1).



**Nursing Facility Administrator**

**Verify License**

[Click here](#) to verify the license of a Nursing Facility Administrator (NFA). It is not required to register or login to search the license of an individual.

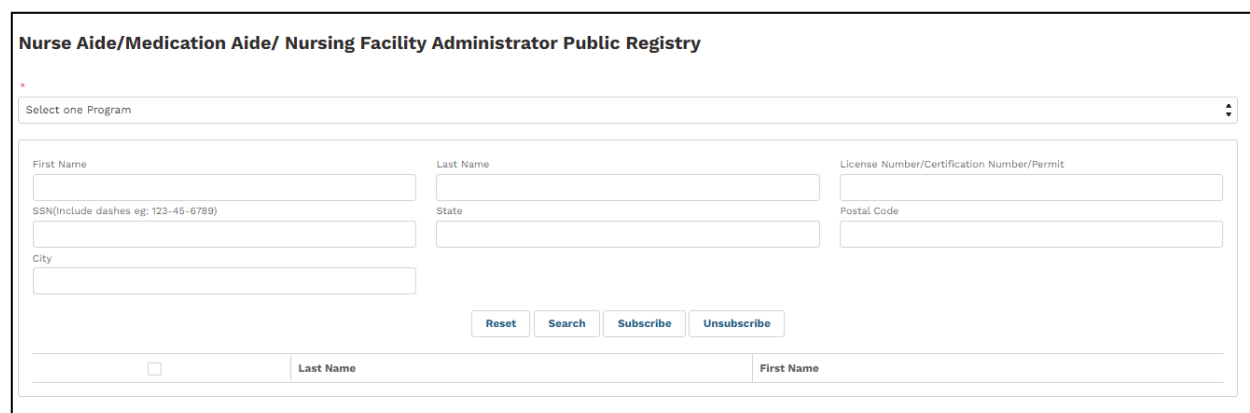
HHSC is implementing a new credentialing system for nursing facility administrators in TULIP.

HHSC requests all applicants having issues with the application process in TULIP, review the NFA user guide. If that doesn't answer your question, email the NFA licensing program using the email address listed below to request help from HHSC staff to navigate through the system.

For any further questions regarding Nursing Facility Administrator applications, please contact:  
The NFA Program can be contacted at 512-438-2015, [NFA\\_Licensing\\_Program@hhs.texas.gov](mailto:NFA_Licensing_Program@hhs.texas.gov)

Figure 25. TULIP login page with public search.

Click on the 'Click here' link to open the following page (see Figure 26).



**Nurse Aide/Medication Aide/ Nursing Facility Administrator Public Registry**

Select one Program

First Name:  Last Name:  License Number/Certification Number/Permit:

SSN(Include dashes eg: 123-45-6789):  State:  Postal Code:

City:

☐  Last Name  First Name

Figure 26. Public search page.

## 2.1. Search for Nursing Facility Administrator in Registry

To perform a search, enter any combination of fields on the page then select a program type. Click the 'Search' button to see results.

The system will allow search with one field or a combination of the following fields:

- First Name
- Last Name
- License Number
- SSN
- City
- State
- Zip Code

**Nurse Aide/Medication Aide/ Nursing Facility Administrator Public Registry**

Nursing Facility Administrator

First Name

Last Name

License Number/Certification Number/Permit ⓘ

SSN(Include dashes eg: 123-45-6789)

State

Postal Code

City

Preceptor Status

Employer

<input type="checkbox"/>	Last Name	First Name	NFA License Status	License Number	License Issue Date	License Initial Date	License Expiration Date	Phone	City	Email
<input type="checkbox"/>	Applicant	Licensing	Active	NFA126592	2/4/2022	1/13/1999	12/19/2023	(123) 456-7890	Austin	narmarnfa+461575984@protonmail.com

Figure 27. Public search for Nursing Facility Administrator.

## 2.2. Subscribe and Unsubscribe

You can subscribe or unsubscribe to obtain licensure detail changes for the Nursing Facility Administrator Registry (see Figure 28).

## 2.2.1. Subscribe

Search for the person you want to subscribe for then select that person from the list.

**Nurse Aide/Medication Aide/ Nursing Facility Administrator Public Registry**

\*  
Nursing Facility Administrator

First Name: licensing  
Last Name: applicant  
License Number/Certification Number/Permit: [?](#)  
SSN(Include dashes eg: 123-45-6789):  
State:  
Postal Code:  
City:  
Preceptor Status: None  
Employer:

Reset Search Subscribe Unsubscribe

Search Data... Search Print

<input type="checkbox"/>	Last Name	First Name	NFA License Status	License Number	License Issue Date	License Initial Date	License Expiration Date	Phone	City	Email
<input type="checkbox"/>	Applicant	Licensing	Active	NFA126592	2/4/2022	1/13/1999	12/19/2023	(123) 456-7890	Austin	narmarnfa+461575984@protonmail.com

Figure 28. Public search page.

Click on the checkbox next to the person and click the 'Subscribe' button to display the following page:

**Nursing Facility Administrator Public Registry**

Subscribe

\* Name  
[Text Field]

\* Enter Your Email  
[Text Field]

\* Confirm Email  
[Text Field]

Cancel Save

Figure 29. Subscription page.

Enter your name, email address, confirm email address then click on 'Save' button (see Figure 29).

You will get a confirmation message that your subscription is successful (see Figure 30).



Figure 30. Subscription confirmation message.

## 2.2.2. Unsubscribe

To unsubscribe, search for the person you want to unsubscribe to then select the person from the list (see Figure 31).

**Nurse Aide/Medication Aide/ Nursing Facility Administrator Public Registry**

Nursing Facility Administrator

First Name:  Last Name:  License Number/Certification Number/Permit:

SSN(include dashes eg: 123-45-6789):  State:  Postal Code:

City:  Preceptor Status:  Employer:

Search Data...

<input type="checkbox"/>	Last Name	First Name	NFA License Status	License Number	License Issue Date	License Initial Date	License Expiration Date	Phone	City	Email
<input type="checkbox"/>	Applicant	Licensing	Active	NFA126592	2/4/2022	1/13/1999	12/19/2023	(123) 456-7890	Austin	narmarnfa+461575984@protonmail.com

Figure 31. Public search.

Click on the checkbox next to the person and click on 'Unsubscribe' to display the following page (Figure 32).

**UnSubscribe**

\* Enter Your Email

Figure 32. Unsubscribe page.

Enter your email address then click the 'Save' button.

You will get a confirmation message that you have successfully unsubscribed (see Figure 33).

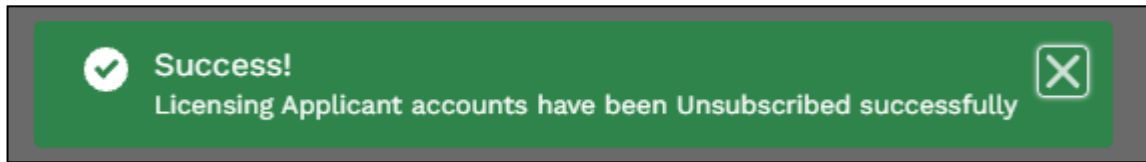


Figure 33. Unsubscribe confirmation message.



### 3. NA / MA / NFA Tab

On the TULIP homepage, click on the tab 'NA/ MA/ NFA' to view the following page (see Figure 34).

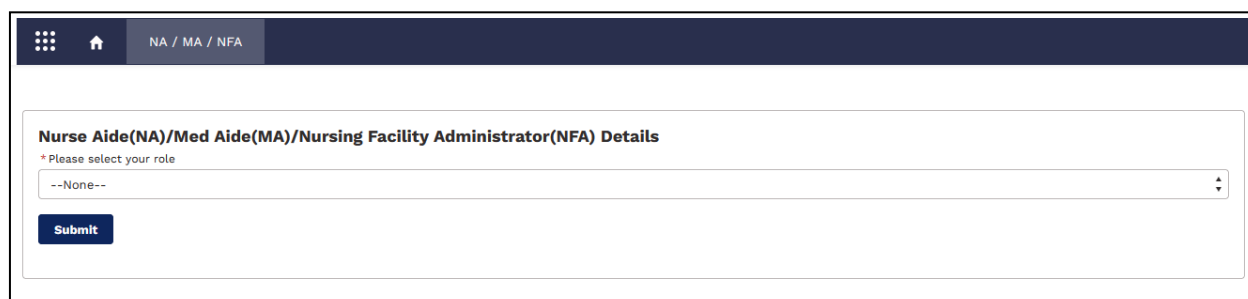
The screenshot shows a web application interface. At the top, there is a dark blue header bar with a home icon and the text 'NA / MA / NFA'. Below this, the main content area has a title 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. Under the title, there is a label '\* Please select your role' followed by a dropdown menu currently showing '--None--'. Below the dropdown is a blue 'Submit' button.

Figure 34. NA / MA / NFA Tab (highlighted).

Select 'Licensing Applicant' option from the 'Please select your role' field (see Figure 34) then click the 'Submit' button.

#### 3.1. Licensing Applicant Page

The following tabs are available on Licensing Applicant home page (see Figure 35)

- Home
- Dashboard
- Profile
- Applications
- Internship Requests
- License Printing
- Helpful Links

Select 'Applicant' for question 'Please select your role' to view the following page (see Figure 35).

The screenshot shows the 'Applicant Home' page of the NFA licensing system. At the top, there is a dark blue header with a home icon and the text 'NA / MA / NFA'. Below the header, the main content area is titled 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. It contains two dropdown menus: the first is labeled '\*Please select your role' and has 'Applicant' selected; the second is labeled '\*Please select one' and has 'First Name Middle Name Last Name 0708' selected. Below these are two buttons: 'Submit' and 'Request additional access'. A horizontal navigation bar below the buttons includes links for 'Home', 'Dashboard', 'Profile', 'Applications', 'License Printing', and 'Helpful Links'. The 'Home' link is currently selected. The main content area below the navigation bar contains a welcome message: 'Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.' followed by contact information for the NFA, NA, MA, and NATCEP programs.

Figure 35. Applicant Home.

*Note: Each tab will be displayed in the following sections.*

### 3.1.1. Dashboard

The Dashboard tab will display the recent applicant activity for occupational license applications and other notifications related to applications (see Figure 36).

NA /MA / NFA

### Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

\* Please select your role

Applicant

\* Please select one

First Name Middle Name Last Name 0708

Submit Request additional access

Home
Dashboard
Profile
Applications
License Printing
Helpful Links

#### Application Notifications

Display Records Per Page: 10

Notification Number	Notification	Message	Application	Created Date
007675	RSLAN-0002891 Status Has Been Changed from Submitted Payment Pending To Payment Pending License Fee		RSLAN-0002891	10/17/2021
007674	RSLAN-0002891 Status Has Been Changed	Application Status has been changed to Payment Pending License Fee	RSLAN-0002891	10/17/2021
007673	RSLAN-0002891 Initiate	Please proceed with making your initial license fee of \$250 to complete the license procedure.	RSLAN-0002891	10/17/2021
007672	RSLAN-0002891 Status Has Been Changed from Payment Pending To Submitted Payment Pending		RSLAN-0002891	10/17/2021
007671	RSLAN-0002891 Status Has Been Changed	Application Status has been changed to Submitted Payment Pending	RSLAN-0002891	10/17/2021
007670	RSLAN-0002891 Status Has Been Changed from Incomplete To Payment Pending		RSLAN-0002891	10/17/2021
007669	RSLAN-0002891 Status Has Been Changed	Application Status has been changed to Payment Pending	RSLAN-0002891	10/17/2021
007667	RSLAN-0002891 Has Been Created		RSLAN-0002891	10/17/2021

Prev Next

#### Email Notifications

Display Records Per Page: 10

Notification Number	Notification	Message	License Number	Notification Sent Date
---------------------	--------------	---------	----------------	------------------------

Prev Next

Applicant/Licensee Notes

Figure 36. Applicant Dashboard.

By default, the system will display only some of the notifications on the page. Click the 'Next' or 'Previous' buttons to see additional notifications.

### 3.1.2. Profile

The Profile page will display the following information related to an applicant (see Figure 37).

- Personal Information
- Academic and Alternative Education
- Work History
- Continuing Education
- Additional Documents
- Exam
- Training/Internship History
- Criminal History
- Enforcement

The screenshot displays the 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details' page. At the top, there is a navigation bar with a home icon and the text 'NA / MA / NFA'. Below this, the page title is 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. There are two dropdown menus: one for 'Applicant' (with a note '\* Please select your role') and another for 'First Name Middle Name Last Name' (with a note '\* Please select one'). Below these are 'Submit' and 'Request additional access' buttons. A navigation menu includes 'Home', 'Dashboard', 'Profile' (highlighted), 'Applications', 'License Printing', and 'Helpful Links'. The main content area is divided into a sidebar with categories like 'Personal Information', 'Academic and Alternative Education', 'Work History', 'Continuing Education', 'Additional Documents', 'Exam', 'Training/Internship History', 'Criminal History', and 'Enforcement'. The 'Personal Information' section is expanded, showing fields for 'Last Name' (0708), 'First Name', 'Middle Name', 'Date of Birth' (7/1/2000), 'SSN' (XXX-XX5-1239), 'Mailing Street', 'Address Line 2' (100), 'Mailing City', 'Mailing State' (AK), 'Mailing Zip/Postal Code' (11111), 'Primary E-mail Address' (ovdrh9+e40c89eb2ulhw@sharklasers.com), 'Secondary E-mail Address', 'Phone' ((123) 456-7890), and 'Alternate Phone' (0987654321). A note at the bottom states: 'Note: Primary Email address can be updated on the Registration page/ Not a member link. Please Logout and use this URL https://wscpro-bxhhs.cs32.force.com/TULIP/s/login/ to access the Registration page.'

Figure 37. Applicant Profile.

## Personal Information

On the Profile page, click on the 'Personal Information' tab which is available on the sidebar to display the following page (see Figure 38).

**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**

\* Please select your role  
Applicant

\* Please select one  
First Name Middle Name Last Name 0708

**Submit** **Request additional access**

Home Dashboard **Profile** Applications License Printing Helpful Links

**Personal Information**

Last Name: Last Name 0708 First Name: First Name Middle Name: Middle Name

Date of Birth: 7/1/2000 SSN: XXXX-XX5-1239 **Masked**

Mailing Street: Mailing Street

Address Line 2: 100

Mailing City: Mailing City Mailing State: AK

Mailing Zip/Postal Code: 11111 County: Anderson

Primary E-mail Address: ovdrh9+e40c89eb2ulhw@sharklasers.com Secondary E-mail Address:

Note: Primary Email address can be updated on the Registration page/ Not a member link. Please Logout and use this URL <https://wscpro-txhhs.cs32.force.com/TULIP/s/login/> to access the Registration page.

Phone: (123) 456-7890 Alternate Phone: 0987654321

Figure 38. Applicant Profile – Personal Information.

You can update your address on this page then click the 'Save' button at the bottom of the page to save the Information.

*Note: The system will not allow you to update fields that are greyed out.*

## Academic and Alternative Education

On the Profile page, click on the 'Academic and Alternative Education' tab, which is available on the sidebar, to display the following page:

[Home](#)
[Dashboard](#)
[Profile](#)
[Applications](#)
[Internship Requests](#)
[License Printing](#)
[Helpful Links](#)

Personal Information
Academic and Alternative Education
Work History
Continuing Education
Additional Documents
Exam
Training/Internship History
Enforcement

**Indicate Degree(s) You Hold**

Degree Name	Level	University	Year of Completion	Status	Delete
Health Administration	Associate	University	03/04/2021	Open	
Health Services Administration	Bachelor	University	03/04/2021	Open	
Health Services Administration	Doctorate	University	03/31/2021	Open	
Others	Associate	University1	03/31/2019	Approved	
Health Administration	Bachelor	University2	03/31/2021	Open	
Health Administration	Associate	University	02/28/2021	Approved	

**Academic and Alternative Education Requirements**

Domain	Course Number	Course Name	University Name	Status	Delete
Finance	111	Course Name	School/University	Open	
Finance	111	Course Name	School/University	Approved	
Finance	111	Course Name 1	School/University 1	Open	
Human resources	222	Course Name 2	School/University 2	Open	

Figure 39. Applicant Profile – Academic and Alternative Education.

On this page you can see information related to your degree, academic and alternative education details which were listed on previously submitted applications.

*Note: This tab is read only, you cannot make changes or add information on this tab.*

## Work History

On the Profile page, click the 'Work History' tab, available on the sidebar to (see Figure 40).

The screenshot shows the 'Work History' tab selected in the sidebar. The main content area displays a table with the following data:

Work History ID	Employer Name	Mailing Address	Employment Start Date	Employment End Date	Employment Status	Worked as NFA?
1 WH-0000282	Nursing Facility		10/1/2021		Open	

Figure 40. Applicant Profile – Work History.

On this page you can see information related to your work history which was listed on previously submitted applications.

*Note: This tab is read only, you cannot make changes or add information on this tab.*

## Continuing Education

On the Profile page, click on the 'Continuing Education' tab which is available on the sidebar to display the following page (see Figure 41).

Home

Dashboard

Profile

Applications

License Printing

Helpful Links

Personal Information

Academic and Alternative Education

Work History

Continuing Education

Additional Documents

Exam

Training/Internship History

Criminal History

Enforcement

Credentialing Continuing Education

My NFA

My NFA Continuing Education

5+ Items • Sort

Filtered by All credentialing continuing education - My Account

CCE • Updated a few seconds ago

Q Search this list...

	L... ↑ ↓	Contin... ↓	Course Name ↓	Sponsor Name ↓	Date ... ↓	To... ↓	Et... ↓	Is ... ↓	Lic... ↓	Account Name ↓
1	11307	NAB Course	2014 Leadership Conference	Leading Age Texas	2/21/2014	13.50	0.00	<input type="checkbox"/>		Licensing Applicant
2	11308	NAB Course	2014 ASA Conference	The American Society on Aging	3/15/2014	18.00	0.00	<input type="checkbox"/>		Licensing Applicant
3	11309	NAB Course	2015 AHCA/NCAL Quality Symp	American Health Care Assoc	2/25/2015	13.50	0.00	<input type="checkbox"/>		Licensing Applicant
4	115536	NAB Course	AL Training Course HR	chaSeminars	4/7/2020	8.00	4.00	<input type="checkbox"/>		Licensing Applicant
5	115537	NAB Course	AL Training - Mgnt	chaSeminars	4/8/2020	8.00	4.00	<input type="checkbox"/>		Licensing Applicant
<div>Load More</div>										

Figure 41. Applicant Profile – Continuing Education.

On this page you can see information related to your continuing education history which was listed on previously submitted applications.

*Note: This tab is read only, you cannot make changes or add information on this tab.*



## Additional Documents

On the Profile page, click on the 'Additional Documents' tab on the sidebar to display the following page (see Figure 42).

Home

Dashboard

Profile

Applications

License Printing

Helpful Links

Personal Information

Academic and Alternative Education

Work History

Continuing Education

Additional Documents

Exam

Training/Internship History

Criminal History

Enforcement

Name	Approval Status	Document Date	Document Type
Document Name	Approved	2021-10-01	Form 5518

Figure 42. Applicant Profile – Additional Documents.

On this page you can see documents related to your account.

*Note: This tab is read only, you cannot make changes or add information on this tab.*

### Exam

On the Profile page, click on the 'Exam' tab which is available on the sidebar to see below page.

On this page you can see information related to your previous exams which were listed on previously submitted applications.

Home

Dashboard

Profile

Applications

License Printing

Helpful Links

Personal Information

Academic and Alternative Education

Work History

Continuing Education

Additional Documents

Exam

Training/Internship History

Criminal History

Enforcement

Credentialing Exam

My NFA Exams

1 item • Sorted by Exam Type • Filtered by All credentialing exam - My Account Exam • Updated a few seconds ago

Search this list...

	Exam Type ↑	Line of Service Score	Core Exam Score	Exam Score	Exam Date	Exam Status
1	NAB	20	80	100	4/30/2022	Pass

Figure 43. Applicant Profile – Exam.

## Training/Internship History

On the Profile page, click the 'Training/Internship History' tab available on the sidebar to display the following page (see Figure 44).

Home	Dashboard	Profile	Applications	Internship Requests	License Printing	Helpful Links		
Personal Information								
Academic and Alternative Education	Internship ID	Application ID	Internship Status	Start Date	End Date	Number of Beds	Internship Hours	Perceptor Name
Work History	Internship ID-0000034	RSLAN-0004083	Request Submitted	2020-01-01	2021-03-08	10	100	Mr Preceptor
Continuing Education								
Additional Documents								
Exam								
Training/Internship History								
Enforcement								

Figure 44. Applicant Profile – Training/Internship History.

On this page you can see information related to your training/internship history which were listed on previously submitted applications.

*Note: This tab is read only, you cannot make changes or add information on this tab.*

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

### Criminal History

On the Profile page, click on the 'Criminal History' tab available on the sidebar to display the following page (see Figure 45).

Home Dashboard **Profile** Applications License Printing Helpful Links

Personal Information

Academic and Alternative Education

Work History

Continuing Education

Additional Documents

Exam

Training/Internship History

**Criminal History**

Enforcement

Current Criminal History Status

Eligible

Figure 45. Applicant Profile – Enforcement History.

### Enforcement

On profile page, click on the 'Enforcement' tab available on the sidebar to display the following page (see Figure 46).

On this page you can see information related to your enforcement cases.

Home Dashboard **Profile** Applications License Printing Helpful Links

Personal Information

Academic and Alternative Education

Work History

Continuing Education

Additional Documents

Exam

Training/Internship History

Criminal History

**Enforcement**

Case ID	Case Type	Status	Start Date	Closed Date
1 0110		Open	2021-10-13T21:14:24.000Z	

Figure 46. Applicant Profile – Enforcement History.

On this page you can see information related to your criminal history cases.

### 3.1.3. Applications

The Applications page will display the 'New Credentialing Application' button for creating new applications or display previously submitted applications.

**Nurse Aide(MA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**

\* Please select your role

Applicant

\* Please select one

First Name Middle Name Last Name 0708

[Submit](#) [Request additional access](#)

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialing Applications

All Applications

1 item • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

RS Licensure	Last Name	First Name	Date	Application	Licensure Type	Application Status	Last Modified By	Last Modified	
1	RSLAN-0002891	Last Name 0708	First Name	10/17/20...	NFA - Provisio...	Nursing Facility Ad...	Payment Pending LI...	First Name Last Na...	10/17/2021 11:01 AM

[New Credentialing Application](#)

Search this list...

Figure 47. Applications.

Click the 'New Credentialing Application' button to submit a license application. See section '4. Nursing Facility Administrator Applications' on steps to submit an application.

To change the view, click on the drop-drop button highlighted below.

Home Dashboard Profile **Applications** Internship Requests License Printing Helpful Links

Credentialing Applications

All Applications

5+ items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated 4 minutes ago

RS Licensing Application ID	Licensure Type	Application Type	Application Status	Date Submitted
1 RSLAN-0004661	Nursing Facility Administrator (NFA)	NFA - Inactive	Incomplete	4/12/2021
2 RSLAN-0004660	Nursing Facility Administrator (NFA)	NFA License by HSE Qualification	Incomplete	4/12/2021
3 RSLAN-0004659	Nursing Facility Administrator (NFA)	NFA License by HSE Qualification	Incomplete	4/12/2021
4 RSLAN-0004658	Nursing Facility Administrator (NFA)	NFA - Provisional	Incomplete	4/12/2021
5 RSLAN-0004657	Nursing Facility Administrator (NFA)	Nursing Facility Administrator Recip...	Incomplete	4/12/2021

[New Credentialing Application](#)

Search this list...

Load More

Figure 48. Application view.

### 3.1.4. License Printing

This page allows you to preview, print or download your license which was generated in TULIP (see Figure 49).

Figure 49. License Printing.

Clicking on the 'Preview' button will display your license as shown below (see Figure 50).



Figure 50. License.

The system allows you to preview and download your license. Click the 'Download' button for downloading the license to your computer.

### 3.1.5. Helpful Links

This page displays helpful links.



Figure 51. Helpful Links.

## **4.Nursing Facility Administrator Applications**

The following applications are applicable to Nursing Facility Administrator (NFA).

- Initial License Application
- NFA License by HSE Qualification Application
- Nursing Facility Administrator License for Military Spouse stationed in Texas Application
- Request for Entry on the Texas Nurse Aide Registry Through Reciprocity
- Reciprocity Application
- Provisional License Application
- Inactive Status Application
- Preceptor Application
- Military Renewal Waiver Application
- Renewal Application
- Name Change Application
- Request for Criminal History Evaluation Letter



To create a new application, go to 'NA/MA/NFA' tab then select the role 'Applicant' (see Figure 52).

The screenshot shows the 'NA /MA / NFA' tab selected in the top navigation bar. The main content area is titled 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. It contains two dropdown menus: the first is labeled '\*Please select your role' and has 'Applicant' selected; the second is labeled '\*Please select one' and has 'First Name Last Name' selected. Below these are two buttons: 'Submit' and 'Request additional access'. A navigation bar below the form includes links for 'Home', 'Dashboard', 'Profile', 'Applications', 'License Printing', and 'Helpful Links'. The 'Home' link is underlined. Below the navigation bar is a welcome message: 'Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.' followed by contact information for the NFA, NA, MA, and NATCEP programs.

**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**

\*Please select your role

Applicant

\*Please select one

First Name Last Name

[Submit](#) [Request additional access](#)

[Home](#) [Dashboard](#) [Profile](#) [Applications](#) [License Printing](#) [Helpful Links](#)

Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.

The NFA program can be contacted at 512-438-2015 or [NFA\\_Licensing\\_Program@hhs.texas.gov](mailto:NFA_Licensing_Program@hhs.texas.gov)  
The NA program can be contacted at 512-438-2050 or [NurseAideRegistry@hhs.texas.gov](mailto:NurseAideRegistry@hhs.texas.gov)  
The MA program can be contacted at 512-438-2025 or [Medication\\_Aide\\_Program@hhs.texas.gov](mailto:Medication_Aide_Program@hhs.texas.gov)  
The NATCEP can be contacted at 512-438-2017 or [Regulatory\\_NATCEP@hhs.texas.gov](mailto:Regulatory_NATCEP@hhs.texas.gov)

Figure 52. Applicant Home.

Click the Applications' tab to display the following page (see Figure 53).

### Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details

\* Please select your role

Applicant

\* Please select one

First Name Last Name

Submit Request additional access

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialing Applications

All Applications

3 items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated 29 minutes ago

New Credentialing Application

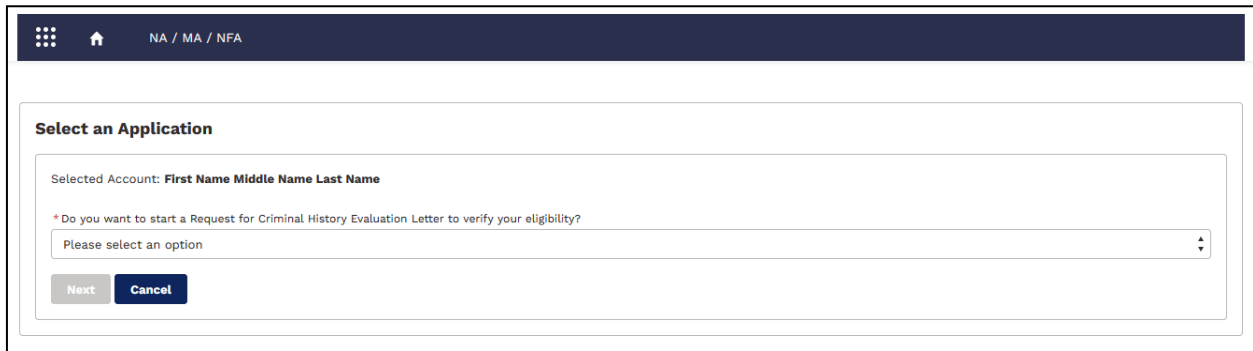
Search this list...

	RS Licens...	Last...	First...	N...	Date ...	Application Type	Licensure Type	Application Status	Last Modified By	Last Modified ...	M...	N...
1	RSLAN-0002891	Name	First		10/17/2021	NFA - Provisional	Nursing Facility Admi...	Payment Pending Lic...	First Name Last Name	10/17/2021 11:01 AM		
2	RSLAN-00028...	App 6/27	Licensing		10/18/2021	Certified Nurse Aide ...	Nurse Aide (NA)	Incomplete	First Name Last Name	10/18/2021 4:03 PM		
3	RSLAN-0002893	App 6/27	Licensing		10/18/2021	Certified Nurse Aide ...	Nurse Aide (NA)	Incomplete	First Name Last Name	10/18/2021 4:03 PM		

Figure 53. Applications page

The Applications tab will display the 'New Credentialing Application' button for creating new applications or displaying previously submitted applications.

Click the 'New Credentialing Application' button to display the following page (see Figure 54).



The screenshot shows a web application interface. At the top is a dark blue header bar with a grid icon, a home icon, and the text 'NA / MA / NFA'. Below the header is a white box titled 'Select an Application'. Inside this box, there is a text field labeled 'Selected Account: First Name Middle Name Last Name'. Below that is a question: '\* Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'. Under the question is a dropdown menu with the text 'Please select an option' and a small up/down arrow icon. At the bottom of the box are two buttons: 'Next' (disabled, light gray) and 'Cancel' (active, dark blue).

Figure 54. Select an Application page

*Note: The system will automatically render appropriate applications based on license status (Prospect, Licensed etc.) and answers to the questions on this page.*

See next sections for steps on how to create and submit each individual application.

## 4.1. Initial License Application (Not previously licensed in Texas)

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to the following page:

*Note: This application is applicable to applicants who are prospects and who do not hold a professional license with State of Texas.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'No' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'No' for question 'Are you HSE Certified?'
6. Select 'No' for question 'Do you have an active Out-of-State License and want to pursue reciprocity?'
7. Select 'Initial License Application' for question 'Please select an application?'
8. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display the following page to review or edit your information:

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The screenshot displays the 'Personal Information' tab within a multi-step application process. The top navigation bar includes tabs for 'Personal info...', 'Acknowledge...', 'Academic and...', 'Attestation fo...', 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', 'Payment 2', and 'Submit'. The 'Personal info...' tab is active.

**Profile Acknowledgement**

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

**Personal Information**

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication for Fingerprinting	Email

At the bottom of the form, there are five buttons: 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure 55. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'Click here' will display the following page:

### Profile Information

#### Profile Information

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

SSN  
123-45-1234

\* Phone

Alternate Phone

\* Address Line1

Address Line2

\* City

\* State

\* ZipCode

\* Method of Communication for Fingerprinting

Figure 56. Update Personal information page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Click on the button 'Save Profile' to save the updates and go back to the 'Personal Information' page or click on 'Cancel' button to exit to 'Personal Information' page without saving the information.

Personal Information	
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication for Fingerprinting	Email

Figure 57. Personal information tab

Click on the 'Next' button to proceed to the next tab. Click the 'Save' button to save the information entered on this tab or the 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on the 'Next' button will display the following screen:

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledge... (active), Academic and..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The Acknowledgement section contains two required checkboxes, each with an asterisk:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application.
- ☐ I understand that I must submit all official college transcripts needed in order to apply for a license.

An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure 58. Acknowledgement tab

Click on the 'Previous' button to go to the previous tab. Click on the 'Next' button to proceed to next tab. Click on the 'Save' button to save the information entered on this tab. Click on the 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Academic and Degree Information' tab. The top navigation bar is the same as in Figure 58, with 'Academic and...' being the active tab. The main content area includes:

- A text box with the instruction: "List each degree you have entered below. You are required to submit official transcripts to the NFA licensing program." Below this is a checkbox: ☐ I acknowledge that official transcripts for the degree and the five domains must be emailed or mailed directly from the college to:
- Contact information for NFA\_LICENSING\_PROGRAM@HHS.TEXAS.GOV, including a mail address in Austin, TX.
- An 'Add Deficiencies' button.
- A section titled 'Indicate Degree(s) You Hold\*' with a table:

Degree Name	Level	University	Year of Completion	Status	Delete
+ Add Degree					

Below the table is a text box explaining the NAB 5 domains requirement and a note about uploading course descriptions. At the bottom, there is a section titled 'Academic and Alternative Education Requirements\*' with another table:

Domain	Course Number	Course Name	University Name	Status	Delete
+ Add Alternative Education					

At the very bottom, the same set of navigation buttons ('Previous', 'Next', 'Save', 'Cancel', 'Withdraw', 'Clone') is present.

Figure 59. Academic and Degree Information Tab

When you click on the button 'Add Degree', to add academic and degree information, the system will display the following page:



The screenshot shows a web form titled "Add/Edit Degree". At the top, there are navigation tabs: "Actions", "Provider Applications", "Reporting", "Other Actions", and "NA / MA / NFA". The form contains the following elements:

- \* NFA Degree**: A dropdown menu with "--None--" selected.
- \* Level**: A dropdown menu with "--None--" selected.
- \* University**: A text input field.
- \* Year Of completion**: A text input field.
- Upload Document**: A section containing an "Upload Files" button (with a file icon) and the text "Or drop files" next to a dashed border.
- Approval Status**: A dropdown menu with "--None--" selected.
- Comments**: A large text area for entering comments.
- Buttons**: "Cancel" and "Save" buttons located at the bottom right of the form.

Figure 60. Add/Edit Degree Tab

Clicking on the 'Save' button will save the record. Clicking on the 'Cancel' button will not save the record and will take the user back to the academic and degree information tab. Click on 'Upload Files' button to add attachments.

Clicking the 'Save' button will display the following page:

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

✓

✓

Academic and...

Attestation for...

Military Provis...

Documents

Deficiencies

Summary

Payment

Payment 2

Submit

List each degree you have entered below. You are required to submit official transcripts to the NFA licensing program.

☐ I acknowledge that official transcripts for the degree and the five domains must be emailed or mailed directly from the college to:

**Email**  
NFA\_LICENSING\_PROGRAM@HHS.TEXAS.GOV

**Mail**  
HHSC-NFA Licensing  
P.O. Box 149030 Mail Code E420  
Austin TX, 78714

Add Deficiencies

Indicate Degree(s) You Hold\*

Degree Name	Level	University	Year of Completion	Status	Delete
Health Administration	HS Diploma/Equivalent	University	2020	Open	

+ Add Degree

Initial applicants are required to meet the 5 domains of the NAB. Select the domain and list the course you have completed that matches the domain topics. An NFA staff member will review your courses for compliance of the national association of long term care administrator board (NAB). For topics that meet the 5 Domains, see Helpful Links.

All Academic and Alternative Education must be reviewed by NFA licensing staff. In order to meet domain requirements, you must upload a course description document in the documents tab; for each of the domain listed.

Academic and Alternative Education Requirements\*

Domain	Course Number	Course Name	University Name	Status	Delete
--------	---------------	-------------	-----------------	--------	--------

Previous

Next

Save

Cancel

Withdraw

Clone

Figure 61. Academic and Degree Information Tab

Clicking on the 'Edit' button next to the record will allow you to edit the record.  
Clicking on the 'Delete' button next to the record will allow you to delete the record.

When you click on the button 'Add Alternative Education' to add academic and alternative education information, the system will display the following page

The screenshot shows a web form titled "Add/Edit Alternative Education". The form contains several input fields and buttons. At the top, there are two required fields: "\* Domain" (a dropdown menu currently showing "--None--") and "\* Course Number" (a text input field). Below these are two more required fields: "\* Course Name" and "\* School/University", both text input fields. Further down is the "Approval Status" dropdown menu, also showing "--None--". Below that is a large text area for "Comments". At the bottom left, there is an "Upload Document" section with a red asterisk, containing an "Upload Files" button with an upload icon and the text "Or drop files". At the bottom right, there are two buttons: "Cancel" and "Save".

Figure 62. Add/Edit Alternative Education Tab

Clicking on the 'Save' button will save the record, clicking on the 'Cancel' button will not save the record and will take the user back to academic and degree information tab.

Clicking on the 'Save' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

☐ I acknowledge that official transcripts for the degree and the five domains must be emailed or mailed directly from the college to:  
**Email**  
NFA\_LICENSING\_PROGRAM@HHS.TEXAS.GOV  
**Mail**  
HHSC-NFA Licensing  
P.O. Box 149030 Mail Code E420  
Austin TX, 78714

Add Deficiencies

**Indicate Degree(s) You Hold\***

Degree Name	Level	University	Year of Completion	Status	Delete
Health Administration	HS Diploma/Equivalent	University	2020	Open	

+ Add Degree

Initial applicants are required to meet the 5 domains of the NAB. Select the domain and list the course you have completed that matches the domain topics. An NFA staff member will review your courses for compliance of the national association of long term care administrator board (NAB). For topics that meet the 5 Domains, see Helpful Links.

All Academic and Alternative Education must be reviewed by NFA licensing staff. In order to meet domain requirements, you must upload a course description document in the documents tab; for each of the domain listed.

**Academic and Alternative Education Requirements\***

Domain	Course Number	Course Name	University Name	Status	Delete
Finance	123	Course Name	School/University	Open	

+ Add Alternative Education

Previous

Next

Save

Cancel

Withdraw

Clone

Figure 63. Academic and Degree Information Tab

Clicking on the 'Edit' button next to the record will allow you to edit the record or  
Clicking on the 'Delete' button next to the record will allow you to delete the record. Clicking on the 'Next' button will display below page.

✓

✓

✓

Attestation for...

Military Provis...

Documents

Deficiencies

Summary

Payment

Payment 2

Submit

Attestation for Application

Add Deficiencies

☐ I acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification

\* Signature - Applicant

\* Date

Previous

Next

Save

Cancel

Withdraw

Clone

Figure 64. Attestation for Application tab

Clicking on the 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Military Provision' tab in the NFA Licensing system. The top navigation bar includes tabs for 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', 'Payment 2', and 'Submit'. The 'Military Provision' tab is active. Below the navigation bar, there is a section titled 'Military Provision' with a sub-header 'Do you think qualify for a Military Provision?'. A dropdown menu is set to '--None--'. Below this, there is a paragraph of text explaining military provisions and a list of email addresses for further assistance: Nursing Facility Administrator (NFA\_Licensing\_Program@hhs.texas.gov), Nurse Aide Registry (NurseAideRegistry@hhs.texas.gov), and Medication Aide Program (Medication\_Aide\_Program@hhs.texas.gov). At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure 65. Military Provision tab

Clicking on the 'Next' button will display below page.

The screenshot shows the 'Document(s)' tab in the NFA Licensing system. The top navigation bar includes tabs for 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', 'Payment 2', and 'Submit'. The 'Documents' tab is active. Below the navigation bar, there is a section titled 'The applicant must upload the following document(s) for this application: Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)'. A button labeled '+ Add Additional Attachment' is visible. Below this, there are two document upload sections. The first section is titled 'A resume if you want to apply for a waiver of internship hours' and the second is titled 'Military person/Spouse supporting Documentation'. Each section has an 'Upload Attachments' area with a button labeled 'Upload Files' and a text 'Or drop files'. At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure 66. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:

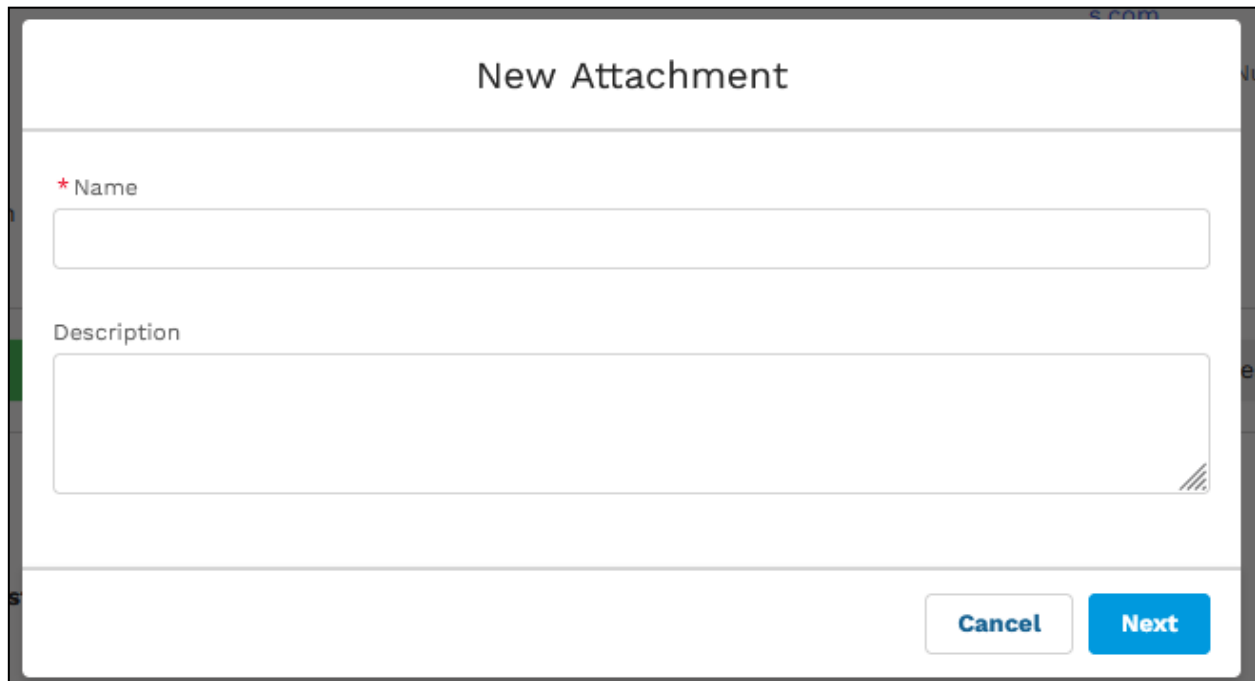
A screenshot of a web form titled "New Attachment". The form has two main input fields: "Name" and "Description". The "Name" field is a single-line text box, and the "Description" field is a larger multi-line text box. Both fields are preceded by a red asterisk, indicating they are required. At the bottom right of the form, there are two buttons: "Cancel" (a light blue button) and "Next" (a dark blue button).

Figure 67. Add new additional attachment page

Enter attachment name, description and click next to display the following page:

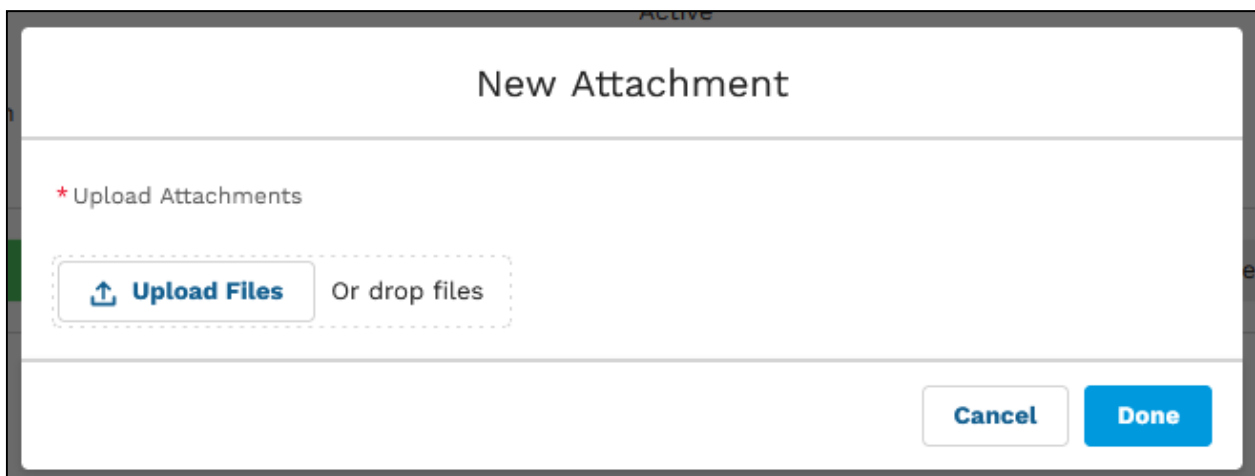
A screenshot of a web form titled "New Attachment". The form has a section labeled "Upload Attachments" with a red asterisk. Below this label is a dashed border containing an "Upload Files" button (with an upload icon) and the text "Or drop files". At the bottom right of the form, there are two buttons: "Cancel" (a light blue button) and "Done" (a dark blue button).

Figure 68. Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The applicant must upload the following document(s) for this application:  
Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)  
Please use "Add Additional Attachment" button to attach any additional documents.

[+ Add Additional Attachment](#)

A resume if you want to apply for a waiver of internship hours

[Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

Military person/Spouse supporting Documentation

[Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

Additional Document

[Delete](#) [Test Upload.docx](#)

[Add Deficiency](#) [Delete](#)

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#) [Clone](#)

Figure 69. Document(s) tab

Clicking on 'Next' button will display below page.

Progress bar: [✓](#) [✓](#) [✓](#) [✓](#) [✓](#) [✓](#) [✓](#) [✓](#) [✓](#) [✓](#) [Deficiencies](#) [Summary](#) [Payment](#) [Submit](#)

Error in Item: 1. Profile Acknowledgement

[Go to Step](#)

Description  
**Error On To the best of my knowledge, all the personal information provided under this profile is correct.**

Error in Item: 3. Criminal History Acknowledgement

[Go to Step](#)

Description  
**Error On If the name on the certificate is different than the name in Item III, applicant must attach proof of name change, such as a photocopy of a marriage license, divorce paper or legal name change document.**

Error in Item: 3. Criminal History Acknowledgement

[Go to Step](#)

Description  
**Error On Agreement of Authorization and Confidentiality**

Error in Item: 6. Attestation for Application

[Go to Step](#)

Description  
**Error On Date**

Error in Item: 6. Attestation for Application

[Go to Step](#)

[Previous](#) [Next](#) [Cancel](#) [Save](#) [Withdraw](#)

Figure 70. Deficiencies tab

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

The screenshot shows the 'Summary' tab of a licensing application for Texas Health and Human Services. At the top left is the Texas state seal and the text 'TEXAS Health and Human Services'. A 'Print' button is in the top right. Below the header is a table of 'Applicant Information' with fields for personal and professional details. A progress bar with green checkmarks and buttons for 'Summary', 'Payment', 'Payment 2', and 'Submit' is shown. The 'Review Information' section includes a 'Profile Acknowledgement' checkbox and a 'Personal Information' section with name fields. At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

First Name	Middle Name	Last Name	Date of Birth	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA) Application Type: NFA - Initial

Progress: [Checkmarks] Summary Payment Payment 2 Submit

**Review Information**

Profile Acknowledgement

To the best of my knowledge, all the personal information provided under this profile is correct.

☒

**Personal Information**

First Name: New  
Middle Name:  
First Name New Middle Name New Last Name:  
Last Name:

Buttons: Previous Next Save Cancel Withdraw Clone

Figure 71. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.



✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ **Payment** Payment 2 Submit

**APPLICATION DETAILS**

Application ID: RSLAN-0002839

Application Type: NFA - Initial

Application Status: Payment Pending

Application Date: Oct 1, 2021

**ONLINE PAYMENTS**

--Select a Payment Type--

- ACH
- Credit Card
- Paper Check/Money Order

--Select a Payment Type--

Previous Next **Save** Cancel Withdraw Clone

Figure 72. Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

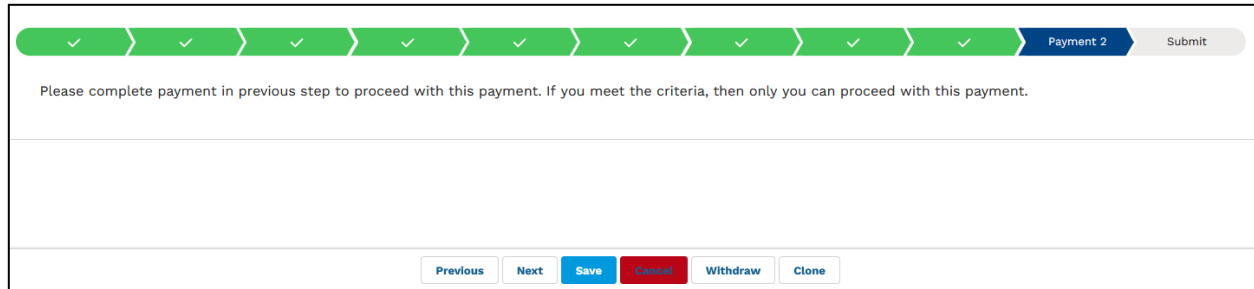
1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.

*Note: Second payment may be required for some applications, if your application requires second or additional payment you will get a notification from HHS.*

To make second payment login to your account, open the application that requires second/additional payment and click on 'Payment 2' tab to see below tab.

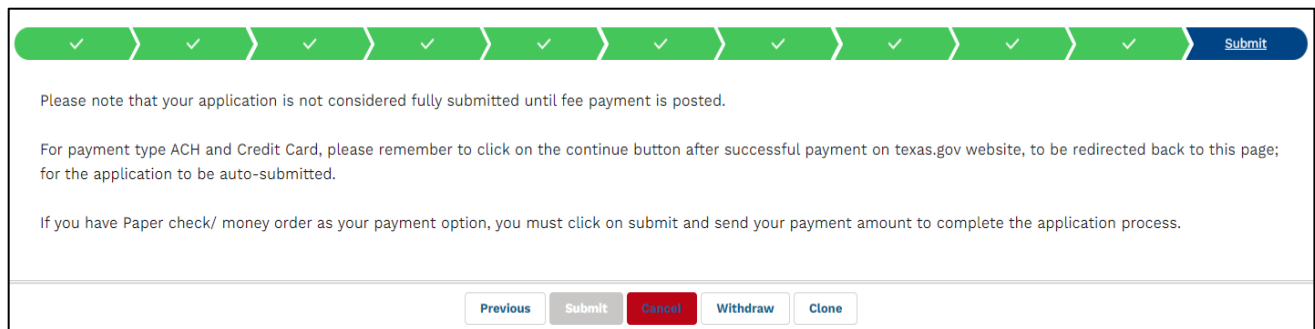
Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.



The screenshot shows a progress bar at the top with 11 green arrows, each containing a checkmark. The 11th arrow is highlighted in blue and labeled 'Payment 2'. To the right of the progress bar is a 'Submit' button. Below the progress bar, the text reads: 'Please complete payment in previous step to proceed with this payment. If you meet the criteria, then only you can proceed with this payment.' At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure 73. Payment tab

After you complete the payment, click on 'Next' button to proceed to below page.

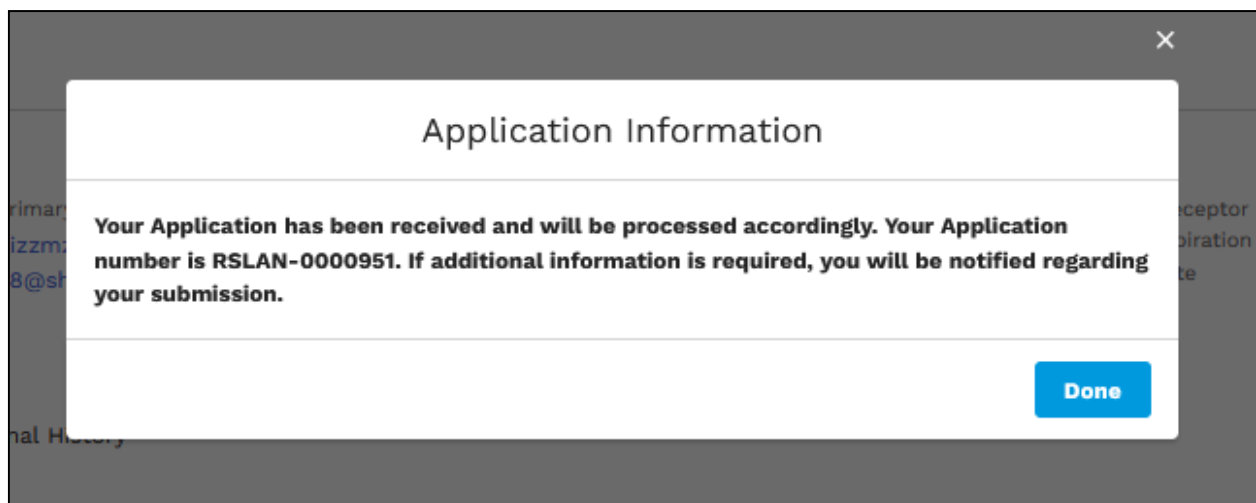


The screenshot shows a progress bar at the top with 11 green arrows, each containing a checkmark. The 11th arrow is highlighted in blue and labeled 'Submit'. Below the progress bar, the text reads: 'Please note that your application is not considered fully submitted until fee payment is posted.' Below this, there are two paragraphs of text: 'For payment type ACH and Credit Card, please remember to click on the continue button after successful payment on texas.gov website, to be redirected back to this page; for the application to be auto-submitted.' and 'If you have Paper check/ money order as your payment option, you must click on submit and send your payment amount to complete the application process.' At the bottom of the form, there are five buttons: 'Previous', 'Submit', 'Cancel', 'Withdraw', and 'Clone'.

Figure 74. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.

*Note: 'Submit' button will be disabled if payment was not made.*



The screenshot shows a modal window titled 'Application Information'. The text inside the modal reads: 'Your Application has been received and will be processed accordingly. Your Application number is RSLAN-0000951. If additional information is required, you will be notified regarding your submission.' At the bottom right of the modal, there is a blue button labeled 'Done'.

Figure 75. Confirmation tab

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**

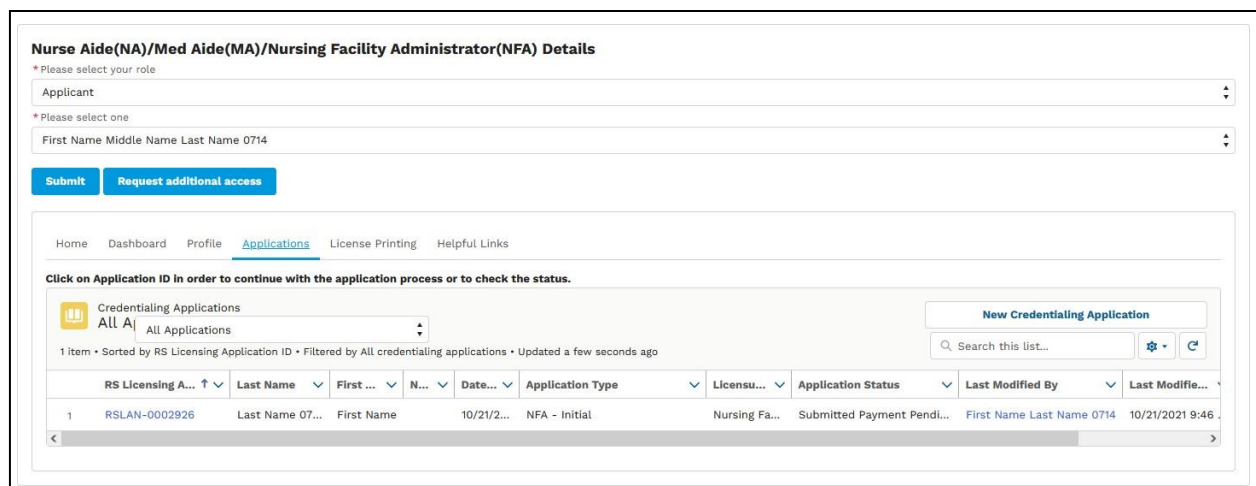
### 4.1.1 Applying for an Internship

An NFA initial license application requires you to apply for an internship unless you have an internship waiver (this will be determined by HHSC staff based on your resume).

You can apply for an internship after the initiate their initial application, but it not required to be completed before first submission.

Please see below steps on how to submit an internship application.

Go to 'NA/MA/NFA' tab, select your role as 'Applicant', select name and go to 'Applications' tab to display the following page:



**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**

\* Please select your role  
 Applicant

\* Please select one  
 First Name Middle Name Last Name 0714

[Submit](#) [Request additional access](#)

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialing Applications  
 All Applications

1 item • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

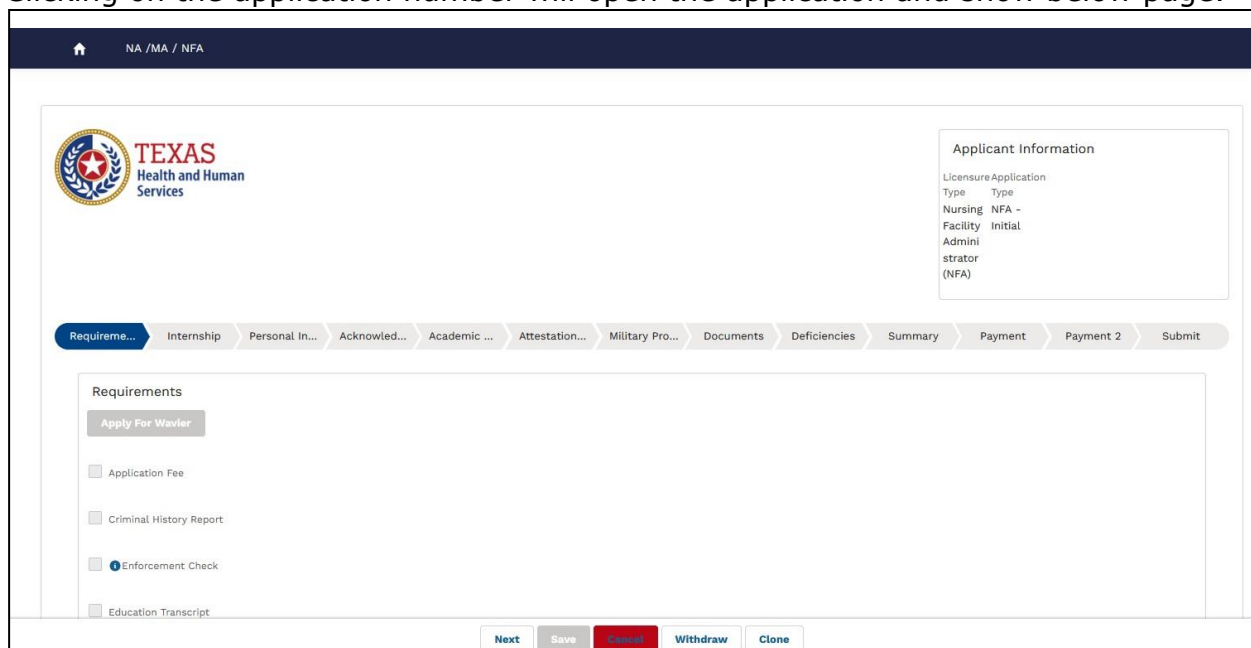
[New Credentialing Application](#)

Search this list...

	RS Licensing A...	Last Name	First ...	N...	Date...	Application Type	Licensu...	Application Status	Last Modified By	Last Modifie...
1	RSLAN-0002926	Last Name 07...	First Name		10/21/2...	NFA - Initial	Nursing Fa...	Submitted Payment Pendi...	First Name Last Name 0714	10/21/2021 9:46

Figure 76. Applications page

Clicking on the application number will open the application and show below page.



NA /MA / NFA

**TEXAS**  
 Health and Human  
 Services

Applicant Information  
 License Application  
 Type  
 Nursing NFA -  
 Facility Initial  
 Admini  
 strator  
 (NFA)

Requirement... Internship Personal In... Acknowled... Academic ... Attestation... Military Pro... Documents Deficiencies Summary Payment Payment 2 Submit

**Requirements**

[Apply For Wavler](#)

☐ Application Fee

☐ Criminal History Report

☒ Enforcement Check

☐ Education Transcript

[Next](#) [Save](#) [Cancel](#) [Withdraw](#) [Clone](#)

Figure 77. Requirement checklist tab

Clicking on the 'Internship' tab will display below page.

NA / MA / NFA

**TEXAS**  
Health and Human Services

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
			7/1/2000	ox9kje+8sfa8sbtY0g50@sharkiasers.com		Prospective		Prospective	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA)  
Application Type: NFA - Initial

Progress Bar: [✓] **Internship** Personal In... Acknowled... Academic ... Attestation... Military Pro... Documents Deficiencies Summary Payment Payment 2 Submit

[Add Deficiencies](#)

Internship ID	Application ID	Internship Status	Start Date	End Date	Number of Beds	Internship Hours	Preceptor Name
<a href="#">Apply For Internship</a>							

Buttons: Previous Next Save **Cancel** Withdraw Clone

Figure 78. Internship tab

Clicking on the 'Apply for Internship' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Add Training/Internship History

**Preceptor Information**

\*NFA License Number  Search  \*Preceptor Account  Search Accounts...

Telephone Number  Primary Email

License Issue Date

Mailing Street

Address Line2

Preceptor City

Preceptor State

Mailing Zip code

**Internship Setting Information**

\*Vendor Number  Search  Phone

Facility Name  City

Mailing Address Street  Zipcode

State  Number of Hours per Week

\* Number of Beds

Administrator is same as the Preceptor ☐

Administrator License Number  Search  Administrator Name

**Internship Dates**

Date Started  Internship End Date

☐ I, as applicant, affirm that all information provided by me on this form is true and accurate.

☐ I have read the Nursing Facility Administrator rules relating to Administrators-In-Training (AIT) and that all internship hours will be completed according with the section of the rules relating to AIT.


☐ I will meet with my preceptor for at least one hour per day during each week of documented internship.

☐ I will abide by all rules, including ethics requirements.

☐ I will notify the Nursing Facility Administrator Program if the internship arrangement is terminated.

Figure 79. Internship application page

Enter all required fields and click on 'Save' button to display the following page:

 **TEXAS**  
Health and Human  
Services

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
First Name	Middle Name	Last Name	7/1/2000	0@sharklasers.com		Prospective		Prospective	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA) Application Type: NFA - Initial

Internship ID	Application ID	Internship Status	Start Date	End Date	Number of Beds	Internship Hours	Preceptor Name
Internship ID-0000211	RSLAN-0002926	Request Submitted	2020-09-01	2021-05-31	100	40	Zap Curse

Figure 80. Internship tab

Click on 'Apply for Internship' button to submit another internship application or click on home icon to go back to Applicant tab.

## 4.1.2 Cloning an Expired Initial Application

A NFA-Initial application will automatically expire if there has not been an outcome for more than 365 days from the date the application was first submitted.

For example, if an NFA initial was first submitted on 7/10/2021, it will expire on 7/11/2022, if it does not get approved, denied, or withdrawn.

For the ease of applicants, TULIP provides the option to clone an expired NFA-Initial application. A cloned application will retain all the information provided on the original application so that applicants will not need to re-enter earlier provided information again. If any new details are to be provided, applicants are highly encouraged to do so as it will make it easier for licensing staff to review the application.

Here are the steps to clone an expired initial application:

Step 1: Access the expired NFA-Initial application from the applications tab

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. The user is logged in as 'LA ThirtyOne'. The 'Applications' tab is selected and highlighted with a red box. Below the navigation bar, there is a section for 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details' with fields for 'Applicant' and 'LA Test ThirtyOne'. Below this, there are buttons for 'Submit' and 'Request additional access'. The main content area shows a table of applications. The first application is highlighted with a red box, showing 'NFA - Initial' as the 'Application Type' and 'Expired' as the 'Application Status'.

RS Licensing...	Last N...	First N...	N...	N...	M...	Date Submitted	Application Type	Licensure Type	Application Status	Last I
1	RSLAN-0000003757	ThirtyOne	LA			6/20/2021	NFA - Initial	Nursing Facility Administrator (NF...	Expired	7/12/2
2	RSLAN-0000003727	ThirtyOne	LA			6/15/2022	Request for Criminal History...	All	Approved	6/15/2

Figure 4.12A: Accessing an Expired Initial

Step 2: Click on the clone button on the pop-up screen

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

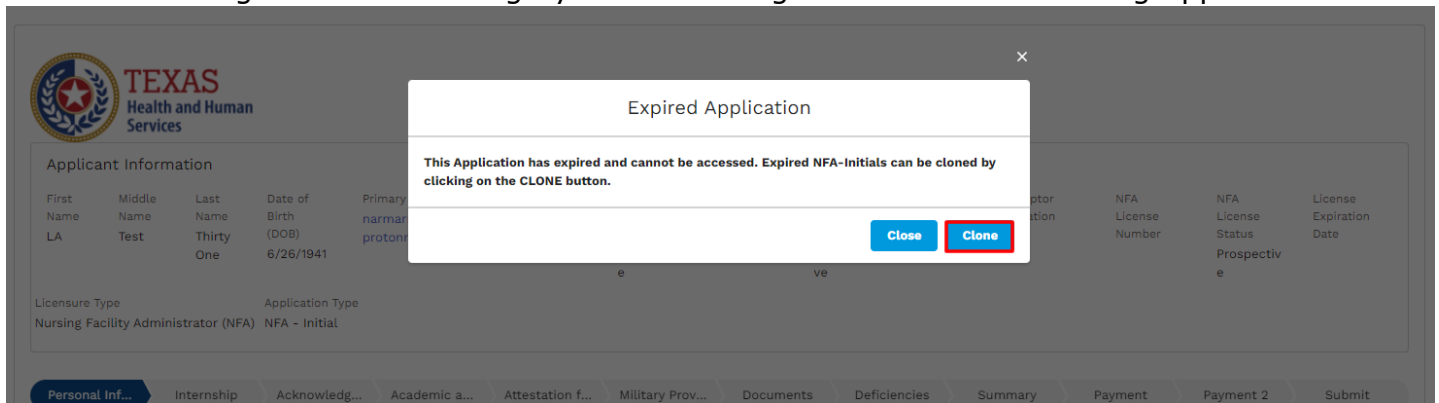


Figure 4.12B: Clone Button

The system will display a pop-up confirming that a new application has been created.

Step 3: Click OK on the pop screen

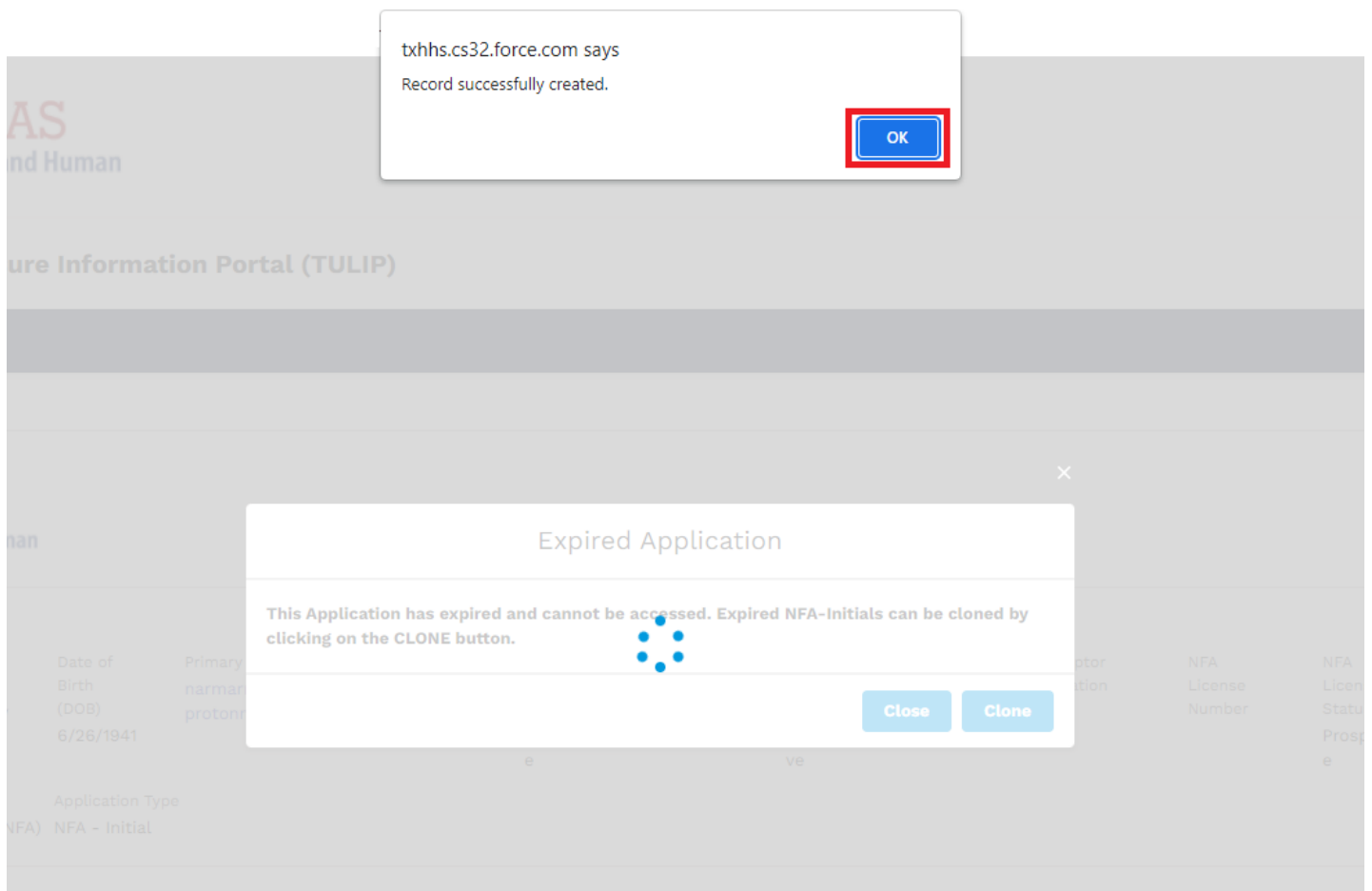


Figure 4.12C: Record Creation Confirmation



Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

System will then re-direct to the cloned application and applicants will be able to navigate through the steps and provide any new information just like in any other application.

LA	Test	Thirty One	(DOB)	6/26/1941	Number	Status	Number	Status	Prospecti	Date	Number	Status	Date
						Prospectiv		Prospecti	ve			Prospectiv	
Licensure Type		Application Type											
Nursing Facility Administrator (NFA)		NFA - Initial											

Personal Inf...

Internship

Acknowledg...

Academic a...

Attestation f...

Military Prov...

Documents

Deficiencies

Summary

Payment

Payment 2

Submit

Profile Acknowledgement

☒ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Add Deficiencies

Next

Save

Cancel

Withdraw

Clone

Figure 4.12D: Cloned application

## **4.2. NFA License by High School Equivalency (HSE) Qualification Application**

Please go to section '[4. Nursing Facility Administrator Applications](#)' for steps on how to get to the following page:

*Note: This application is applicable to applicants who are prospects and who do not hold a professional license with State of Texas.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'No' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'Yes' for question 'Are you HSE Certified?'
6. Select 'NFA License by HSE Qualification Application' for question 'Please select an application?'
7. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display below page to review or edit your information.

**Personal Inform...** Acknowledgeme... Attestation for ... Military Provision Documents Deficiencies Summary Payment Payment 2 Submit

**Profile Acknowledgement** [Add Deficiencies](#)

\* ☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

**Personal Information** [Add Deficiencies](#)

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr712408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure 81. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'Click here' will display below page.

### Profile Information

#### Profile Information

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

SSN  
123-45-1234

\* Phone

Alternate Phone

\* Address Line1

Address Line2

\* City

\* State

\* ZipCode

\* Method of Communication for Fingerprinting

Figure 82. Update Personal information page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

**Personal Inform...** Acknowledgeme... Attestation for ... Military Provision Documents Deficiencies Summary Payment Payment 2 Submit

**Profile Acknowledgement** [Add Deficiencies](#)

☐ \* To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

**Personal Information** [Add Deficiencies](#)

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7L2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure 83. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledgement (active), Attestation for ..., Military Provision, Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The main content area is titled 'Acknowledgement' and contains two required checkboxes, each with an asterisk:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application
- ☐ I Acknowledge that my NFA license has not been revoked in any state in United States.

An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure 84. Acknowledgement tab

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Attestation for Application' tab. The top navigation bar is the same as in Figure 84, with 'Attestation for ...' now active. The main content area is titled 'Attestation for Application' and includes:

- An 'Add Deficiencies' button in the top right.
- A required checkbox with an asterisk: ☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification
- A required text field for the signature:  (labeled '\* Signature - Applicant')
- A required date field:  (labeled '\* Date', showing 'Oct 1, 2021' and a calendar icon)

The bottom navigation bar with buttons (Previous, Next, Save, Cancel, Withdraw) remains the same.

Figure 85. Attestation for Application tab

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Military Provision' tab in the NFA Licensing system. The top navigation bar includes tabs for Military Provision, Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The 'Military Provision' tab is active. Below the navigation bar, there is a section titled 'Military Provision' with a sub-header 'Do you think qualify for a Military Provision?'. A dropdown menu is set to '--None--'. Below this, there is a paragraph of text explaining that military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. Military spouses of current, active duty military service members also may have met some licensing requirements related to this status. Modifications to renewal requirements may also be available for some military service members on active duty. Below this paragraph, there is a paragraph stating that if the applicant selected yes and is interested in applying under a military provision, they should contact the following programs via email to see if they meet requirements:

- Nursing Facility Administrator, NFA\_Licensing\_Program@hhs.texas.gov
- Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov
- Medication Aide Program, Medication\_Aide\_Program@hhs.texas.gov

At the bottom of the form, there are buttons for Previous, Next, Save, Cancel, and Withdraw.

Figure 86. Military Provision tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Document(s)' tab in the NFA Licensing system. The top navigation bar includes tabs for Military Provision, Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The 'Documents' tab is active. Below the navigation bar, there is a section titled 'The applicant must upload the following document(s) for this application:'. To the right of this section is a button labeled '+ Add Additional Attachment'. Below this, there are two numbered items:

- 1.) Proof of the HSE qualification
- 2.) Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)

Below these items, there is a paragraph stating 'Please use "Add Additional Attachment" button to attach any additional documents.' Below this paragraph, there are two sections for document uploads. The first section is titled 'Military person/Spouse supporting Documentation' and has buttons for 'Add Deficiency' and 'Delete'. Below this section is a box labeled 'Upload Attachments' with a button for 'Upload Files' and the text 'Or drop files'. The second section is titled 'Proof of the HSE qualification' and has buttons for 'Add Deficiency' and 'Delete'. Below this section is a box labeled 'Upload Attachments' with a button for 'Upload Files' and the text 'Or drop files'. At the bottom of the form, there are buttons for Previous, Next, Save, Cancel, and Withdraw. A red text message 'This document is required' is visible at the bottom right of the form.

Figure 87. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:

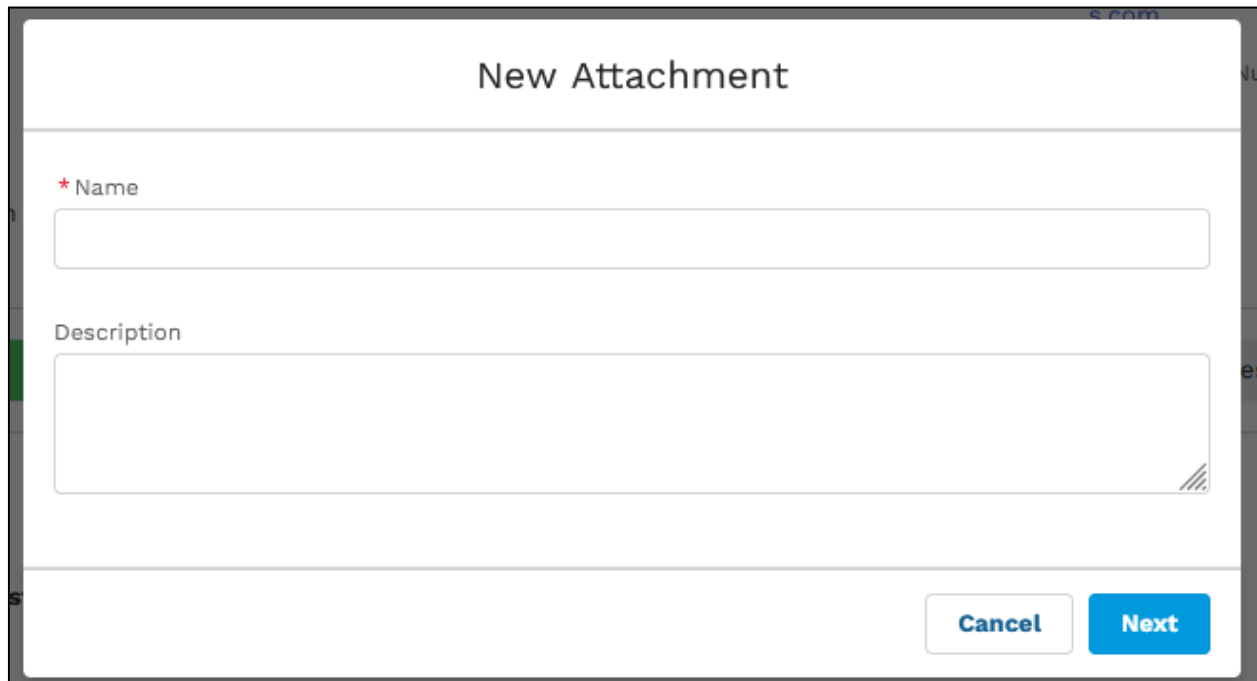
The screenshot shows a web form titled "New Attachment". It has two input fields: "Name" with a red asterisk indicating it is required, and "Description". Below the description field are two buttons: "Cancel" and "Next". The form is enclosed in a light gray border.

Figure 88. Add new additional attachment page

Enter attachment name, description and click next to display the following page:

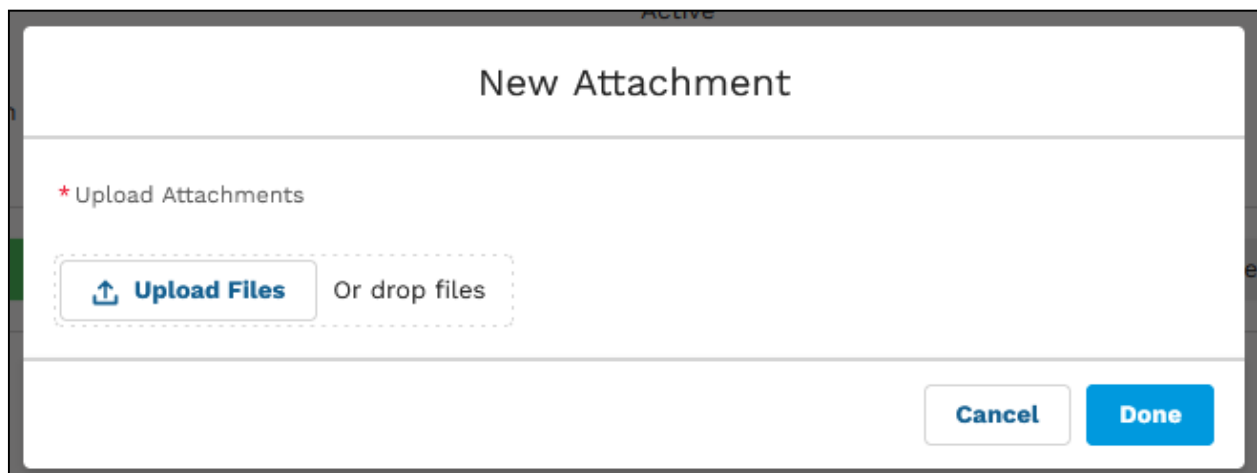
The screenshot shows the same "New Attachment" form, but now it includes an "Upload Attachments" section with a red asterisk. This section contains a button with an upload icon and the text "Upload Files", followed by the text "Or drop files". At the bottom right, the buttons are now "Cancel" and "Done".

Figure 89. Upload Attachment page



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants


Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

The applicant must upload the following document(s) for this application:

[+ Add Additional Attachment](#)

1.) Proof of the HSE qualification  
2.) Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)


Please use "Add Additional Attachment" button to attach any additional documents.

 Military person/Spouse supporting Documentation

[Add Deficiency](#) [Delete](#)

Upload Attachments


[Upload Files](#) Or drop files

 Proof of the HSE qualification

[Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

 Additional Attachment

[Add Deficiency](#) [Delete](#)

[Delete](#) [Test Upload.docx](#)

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure 90. Document(s) tab

Clicking on 'Next' button will display below page.

✓

✓

✓

✓

✓


Deficiencies

Summary

Payment

Payment 2


Submit

 Error in Item: 3. Acknowledgement

[Go to Step](#)

Description


**Error On I Acknowledge that my NFA license has not been revoked in any state in United States.**

 Error in Item: 3. Acknowledgement

[Go to Step](#)

Description

**Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application**

 Error in Item: 98. Documents

[Go to Step](#)

Description

**Error On Copy of your Social Security Card**

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure 91. Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you

Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants  
to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

The screenshot shows the 'Summary' tab of the Texas Health and Human Services application. At the top left is the Texas Health and Human Services logo. A 'Print' button is in the top right. Below the logo is the 'Applicant Information' section, which contains a table with fields for First Name, Middle Name, Last Name, Date of Birth, Primary Email, NA Certificate Number, NA Certificate Status, MA Permit Number, MA Permit Status, Preceptor Status, Preceptor Expiration Date, NFA License Number, NFA License Status, and License Expiration Date. Below this table are fields for 'Licensure Type' (Nursing Facility Administrator (NFA)) and 'Application Type' (NFA License by HSE Qualification). A progress bar at the bottom of the section shows steps from 'Summary' to 'Submit', with 'Summary' being the active step. Below the progress bar is the 'Review Information' section, which includes a 'Profile Acknowledgement' checkbox (checked) and a 'Personal Information' section with fields for First Name, Middle Name, and Last Name. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA)  
Application Type: NFA License by HSE Qualification

Progress: Summary (Active), Payment, Payment 2, Submit

Review Information

Profile Acknowledgement

☒ To the best of my knowledge, all the personal information provided under this profile is correct.

Personal Information

First Name: New  
Middle Name: First Name New  
Last Name: Middle Name New

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure 92. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Payment' tab of the Texas Health and Human Services application. At the top is a progress bar with steps from 'Summary' to 'Submit', with 'Payment' being the active step. Below the progress bar is the 'APPLICATION DETAILS' section, which includes fields for 'Application ID' (RSLAN-0002840), 'Application Type' (NFA License by HSE Qualification), 'Application Status' (Payment Pending), and 'Application Date' (Oct 1, 2021). Below this is the 'ONLINE PAYMENTS' section, which includes a dropdown menu for 'Select a Payment Type--' with options: ACH, Credit Card, and Paper Check/Money Order. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Progress: Summary, Payment (Active), Payment 2, Submit

APPLICATION DETAILS

Application ID: RSLAN-0002840  
Application Type: NFA License by HSE Qualification  
Application Status: Payment Pending  
Application Date: Oct 1, 2021

ONLINE PAYMENTS

--Select a Payment Type--  
ACH  
Credit Card  
Paper Check/Money Order  
--Select a Payment Type--

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure 93. Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

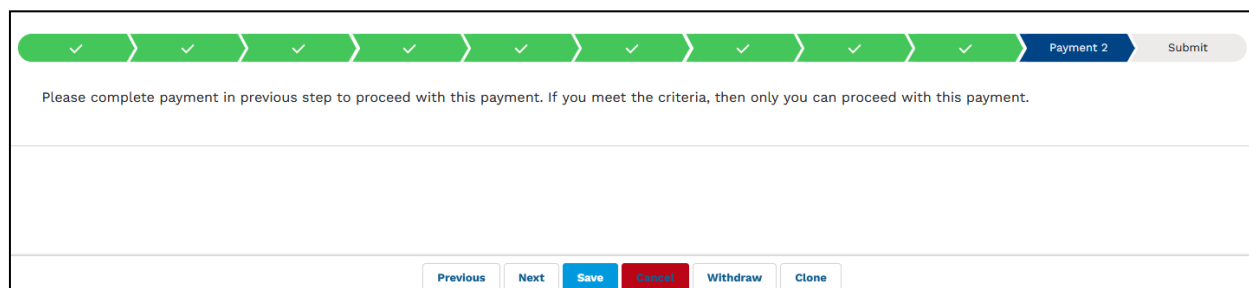
1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.

*Note: Second payment may be required for some applications, if your application requires second or additional payment you will get a notification from HHS.*

To make second payment login to your account, open the application that requires second/additional payment and click on 'Payment 2' tab to see below tab.

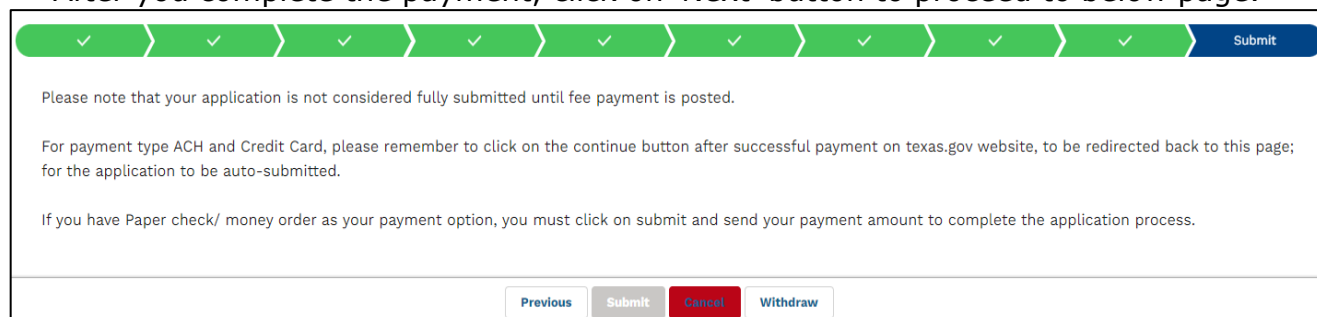
Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.



The screenshot shows a progress bar at the top with 11 green checkmarks and a blue 'Payment 2' tab. Below the progress bar, a message states: 'Please complete payment in previous step to proceed with this payment. If you meet the criteria, then only you can proceed with this payment.' At the bottom, there are buttons: 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure 94. Payment tab

After you complete the payment, click on 'Next' button to proceed to below page.



The screenshot shows a progress bar at the top with 11 green checkmarks and a blue 'Submit' tab. Below the progress bar, a message states: 'Please note that your application is not considered fully submitted until fee payment is posted.' Below this, two paragraphs provide instructions for ACH and Credit Card payments, and for Paper check/money order payments. At the bottom, there are buttons: 'Previous', 'Submit', 'Cancel', and 'Withdraw'.

Figure 95. Submit tab

Clicking on 'Submit' button will display below confirmation page with application

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number.

*Note: 'Submit' button will be disabled if payment was not made.*

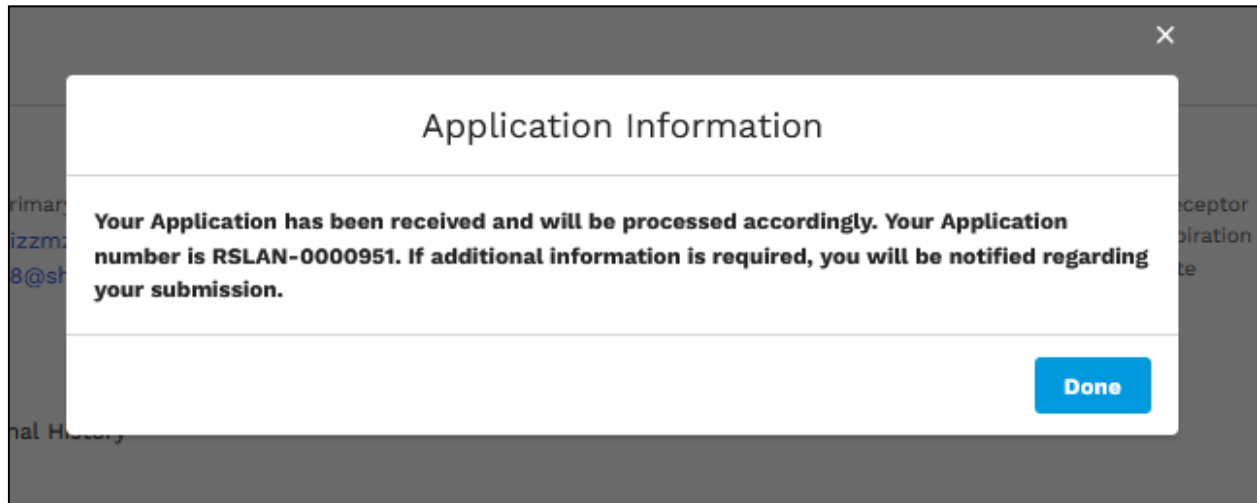


Figure 96. Confirmation tab

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**

### **4.3. NFA License for Military Spouse stationed in Texas Application**

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to the following page:

*Note: This application is applicable to applicants who are prospects and who do not hold a professional license with State of Texas.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Yes' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'Nursing Facility Administrator License for Military Spouse stationed in Texas Application' for question 'Please select an application?'
6. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display below page to review or edit your information.

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The screenshot displays the 'Personal Information' tab within a multi-step application process. The top navigation bar includes tabs for 'Personal Information', 'Acknowledgement', 'Other State Verification', 'Attestation for Applic...', 'Documents', 'Deficiencies', 'Summary', and 'Submit'. The 'Personal Information' tab is active and highlighted in blue. Below the navigation bar, there is a 'Profile Acknowledgement' section with a checkbox and text stating: 'To the best of my knowledge, all the personal information provided under this profile is correct.' A link 'Click here' is provided to access the profile. Below this is a 'Personal Information' section with a table of fields and values. At the bottom of the form are buttons for 'Next', 'Save', 'Cancel', and 'Withdraw'.

Personal Information	
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Figure 97. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the button 'Click here' will display below page.

### Profile Information

#### Profile Information

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

SSN  
123-45-1234

\* Phone

Alternate Phone

\* Address Line1

Address Line2

\* City

\* State

\* ZipCode

\* Method of Communication for Fingerprinting

Figure 98. Update Personal information page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

The screenshot shows the 'Personal Information' tab selected in the top navigation bar. The page is titled 'Profile Acknowledgement' and contains a checkbox for the user to confirm the accuracy of their information. Below this is a section for 'Personal Information' with various fields filled out. At the bottom, there are four buttons: 'Next', 'Save', 'Cancel', and 'Withdraw'.

Field	Value
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Figure 99. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it. Clicking on 'Next' button will display below page.

The screenshot shows the 'Acknowledgement' tab selected in the top navigation bar. The page is titled 'Acknowledgement' and contains a checkbox for the user to confirm their understanding of the fingerprinting process. At the bottom, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Field	Value
Acknowledgement	<input type="checkbox"/> I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application

Figure 100. Acknowledgement tab



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

NFA Registry State	Other State NFA License Number	Date Issued	Expiry Date	Status	Action
--------------------	--------------------------------	-------------	-------------	--------	--------

+ Add Other State Certificate Information

Previous Next Save Cancel Withdraw

Figure 101. Other State Verification Tab Page 1

Click on the button 'Add Other State Verification Information' to add your other state certificate information.

\* NFA Registry State --None--

\* Other State NFA License Number

\* Date Issued

\* Expiry Date

\* Status --None--

**Licensure Basis**

☐ Exam

☐ Internship Completed

☐ Reciprocity

☐ Wavier

**i** Comments (For initial licensure, list academic and internship requirements met.)

**i** Disciplinary Action Taken by the Board, if applicable (Attach a copy of the action taken.)

Cancel Save

Previous Next Save Cancel Withdraw

Figure 102. Other State Verification Tab Page 2

Clicking on 'Save' button will save the record, clicking on 'Cancel' button will not save the record and will take the user back to other state verification tab.

Clicking on 'Save' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

NFA Registry State	Other State NFA License Number	Date Issued	Expiry Date	Status	Action
ALABAMA	1234	06/01/2022	06/30/2022	Active	<a href="#">Edit</a> <a href="#">Delete</a>

Figure 103. Other State Verification Tab Page 3

Clicking on the 'Edit' button next to the record will allow you to edit the record or  
Clicking on the 'Delete' button next to the record will allow you to delete the record.

Clicking on the 'Next' button will display below page.

Attestation for Application

☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification

\* Signature - Applicant

\* Date

Oct 1, 2021

Figure 104. Attestation for Application tab

Clicking on the 'Next' button will display below page.

Please use the "Add Additional Attachment" button to attach any additional documents.

+ Add Additional Attachment

Proof of Texas residency

Add Deficiency Delete

Upload Attachments

Upload Files Or drop files

This document is required

A copy of applicant's military ID card

Add Deficiency Delete

Upload Attachments

Upload Files Or drop files

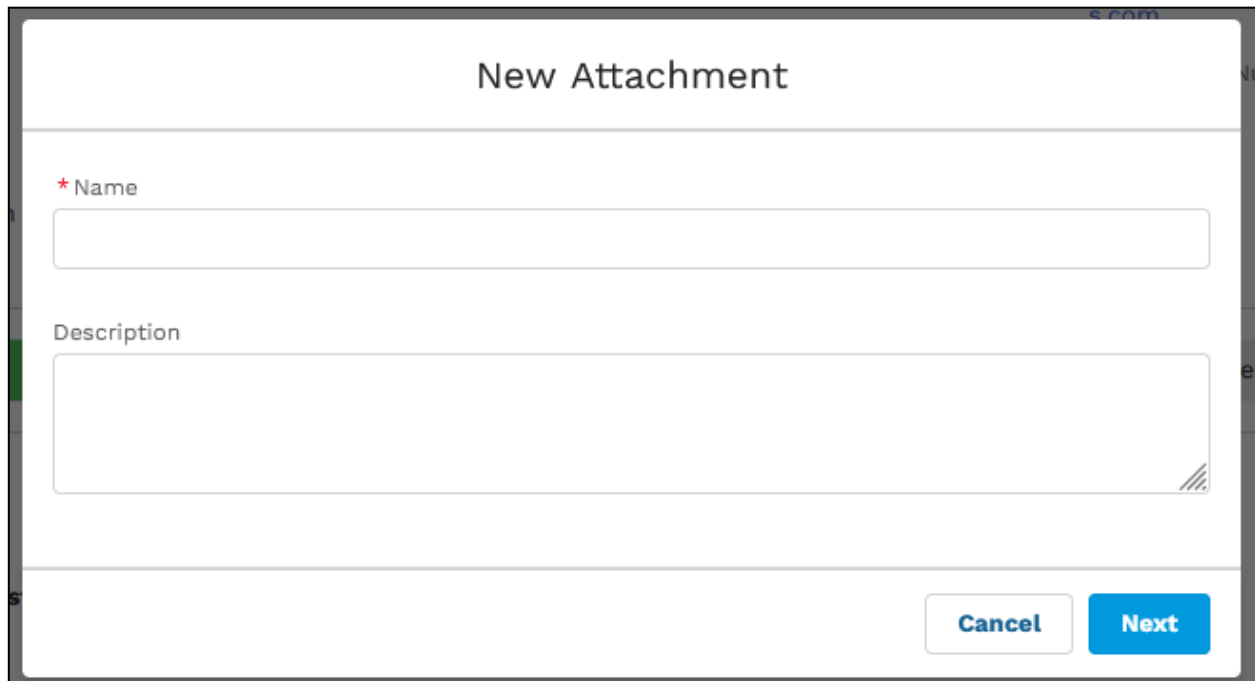
This document is required

Previous Next Save Cancel Withdraw

Figure 105. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

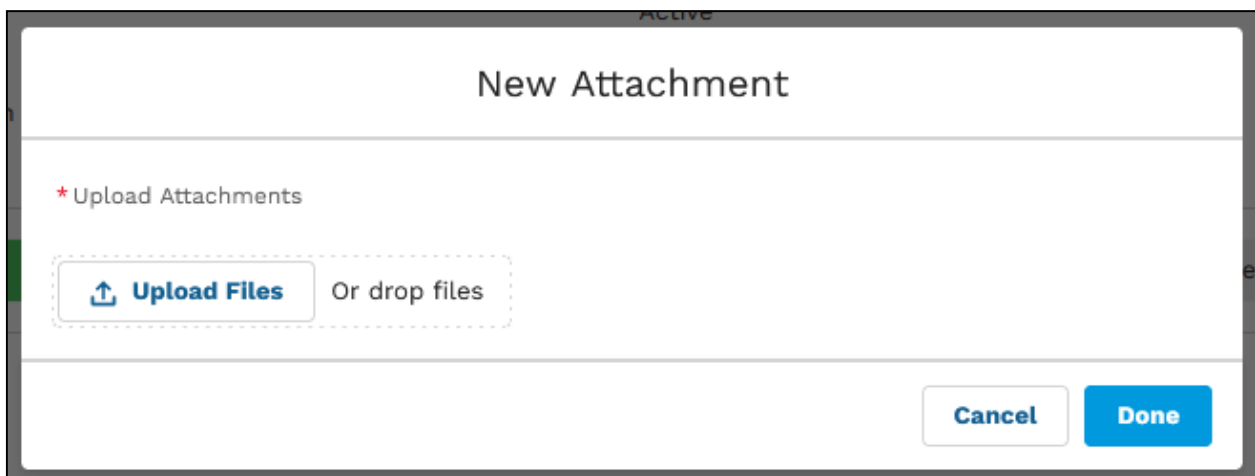
To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:



The screenshot shows a web form titled "New Attachment". It has two main input fields: "Name" with a red asterisk indicating it is required, and "Description". Below these fields are two buttons: "Cancel" and "Next".

Figure 106. Add new additional attachment page

Enter attachment name, description and click next to display the following page:



The screenshot shows the same "New Attachment" form, but now it displays the "Upload Attachments" section. It includes a dashed box with an "Upload Files" button (containing an upload icon) and the text "Or drop files". At the bottom right, there are "Cancel" and "Done" buttons.

Figure 107. Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Proof of Texas residency

Upload Attachments

Upload Files Or drop files

This document is required

A copy of applicant's military ID card

Upload Attachments

Upload Files Or drop files

This document is required

Additional Attachment

Delete Test Upload.docx

Previous Next Save Cancel Withdraw

Figure 108. Document(s) tab

Clicking on 'Next' button will display below page.

✓ ✓ ✓ ✓ ✓ Deficiencies Summary Submit

Error in Item: 2. Profile Acknowledgement

Description

Error On To the best of my knowledge, all the personal information provided under this profile is correct.

Go to Step

Error in Item: 3. Acknowledgement

Description

Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application

Go to Step

Error in Item: 5. Attestation for Application

Description

Error On Signature - Applicant

Go to Step

Error in Item: 5. Attestation for Application

Description

Error On I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my state

Go to Step

Previous Next Save Cancel Withdraw

Figure 109. Deficiencies tab

System will automatically display the deficiencies on this page. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' page.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

**TEXAS Health and Human Services**

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Status Achieved Date	NFA License Number	NFA License Status
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			

Licensure Type: Nursing Facility Administrator (NFA)  
Application Type: NFA - Military Spouse

Progress: 8 steps (all green checkmarks), Summary (blue), Submit (grey)

**Review Information**

**Profile Acknowledgement**

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

**Personal Information**

First Name: New  
Middle Name: New  
First Name New Middle Name New Last  
Last Name: New  
Date of Birth: 5/1/2000  
SSN: 123-45-1234  
Gender: Male

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure 110. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

Progress: 8 steps (all green checkmarks), Submit (blue)

You must click the submit button to complete the application process.

Buttons: Previous, Submit, Cancel, Withdraw

Figure 111. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.

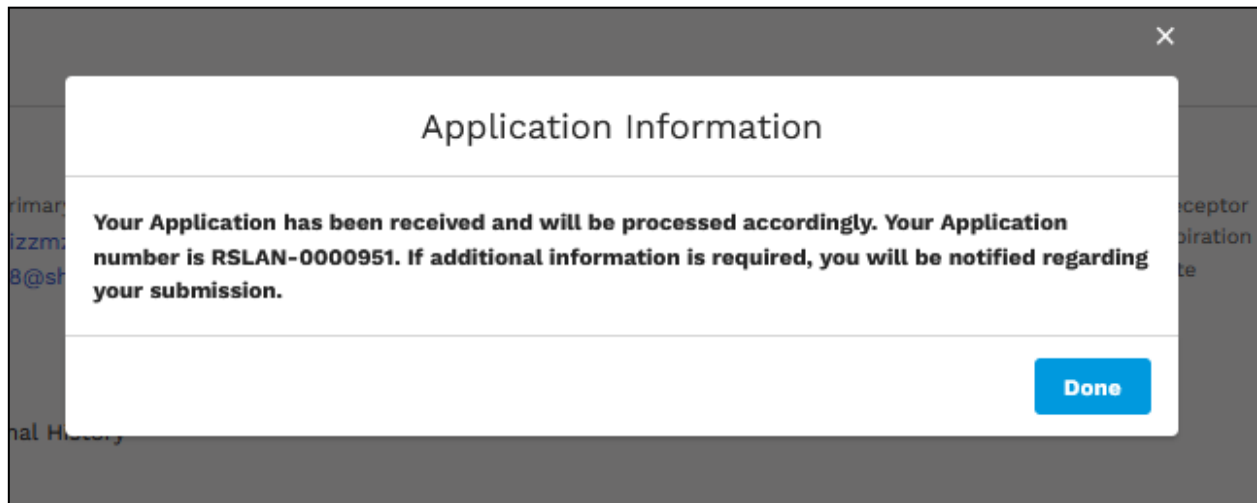


Figure 112. Confirmation message

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**



## 4.4. NFA Request for Entry Through Reciprocity Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to the following page:

*Note: This application is applicable to applicants who are prospects and who do not hold a professional license with State of Texas.*

### **NFA Request for entry through reciprocity (These steps are applicable to you, if you are a military spouse)**

To create and submit request for entry on the Texas NA registry through reciprocity application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
3. Select 'Yes' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
4. Select 'Nursing Facility Administrator Reciprocity Application' for question 'Please select an application?'
5. Click 'Next' to view the application

### **Reciprocity Application (These steps are applicable to you, if you are NOT a military spouse)**

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
3. Select 'No' for question 'Are you a military spouse with active Out-of-State

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

### License and Do you have a Texas Address?

4. Select 'No' for question 'Are you HSE Certified?'
5. Select 'Yes' for question 'Do you have an active Out-of-State License and want to pursue reciprocity?'
6. Select 'No' for question 'Do you have 2 years of NFA Employment?'
7. Select 'Reciprocity Application' for question 'Please select an application?'
8. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display below page to review or edit your information.

Personal Inform...Acknowledgeme...Attestation for ...Military ProvisionDocumentsDeficienciesSummaryPaymentPayment 2Submit

Profile Acknowledgement

☐ \* To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

PreviousNextSaveCancelWithdraw

Figure 113. [Personal information tab](#)

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'Click here' will display below page.

The screenshot shows a web application window with a modal titled "Profile Information". The modal contains a form with the following fields and values:

- First Name:** New
- Middle Name:** First Name New Middle Name New Last
- Last Name:** Name
- SSN:** 123-45-1234
- \* Phone:** 1111111111
- Alternate Phone:** 2222222223
- \* Address Line1:** TEST new
- Address Line2:** 1001
- \* City:** newyork1
- \* State:** TN
- \* ZipCode:** 12345-1164
- \* Method of Communication for Fingerprinting:** Email

At the bottom right of the modal, there are two buttons: "Save Profile" (blue) and "Cancel" (white with blue border). The background of the application shows a sidebar with navigation links like "Home", "Profile", "Settings", "Logout", and "Help".

Figure 114. Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

Personal Information	
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Figure 115. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Acknowledgement' tab selected in a sequence of steps: Acknowledgement, Attestation for A..., Military Provision, Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The main content area contains two mandatory acknowledgment statements, each preceded by a red asterisk and an unchecked checkbox. The first statement relates to a fingerprint-based FBI criminal history check, and the second relates to completing a Notarized NFA Reciprocity Licensure Questionnaire Form 5535. An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: 'Previous', 'Next', 'Save' (highlighted in blue), 'Cancel' (highlighted in red), and 'Withdraw'.

Figure 116. Acknowledgement tab

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Attestation for Application' tab selected in the same sequence of steps. The main content area is titled 'Attestation for Application' and includes an 'Add Deficiencies' button in the top right. It contains three fields: a mandatory acknowledgment statement with an unchecked checkbox, a signature field labeled '\* Signature - Applicant', and a date field labeled '\* Date' with a calendar icon and the date 'Oct 1, 2021'. At the bottom, the same five buttons are present: 'Previous', 'Next', 'Save' (highlighted in blue), 'Cancel' (highlighted in red), and 'Withdraw'.

Figure 117. Attestation for Application tab

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Military Provision' tab in the NFA Licensing system. The top navigation bar includes tabs for Military Provision, Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The 'Military Provision' tab is active. Below the navigation bar, there is a section titled 'Military Provision' with a sub-header 'Do you think qualify for a Military Provision?'. A dropdown menu is set to '--None--'. Below this, there is a paragraph of text explaining that military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. It also mentions that military spouses of current, active duty military service members may also have met some licensing requirements related to this status. Modifications to renewal requirements may also be available for some military service members on active duty. Below this paragraph, there is a note: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. This is followed by a bulleted list of three programs: 'Nursing Facility Administrator, NFA\_Licensing\_Program@hhs.texas.gov', 'Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov', and 'Medication Aide Program, Medication\_Aide\_Program@hhs.texas.gov'. At the bottom of the form, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 118. Military Provision tab

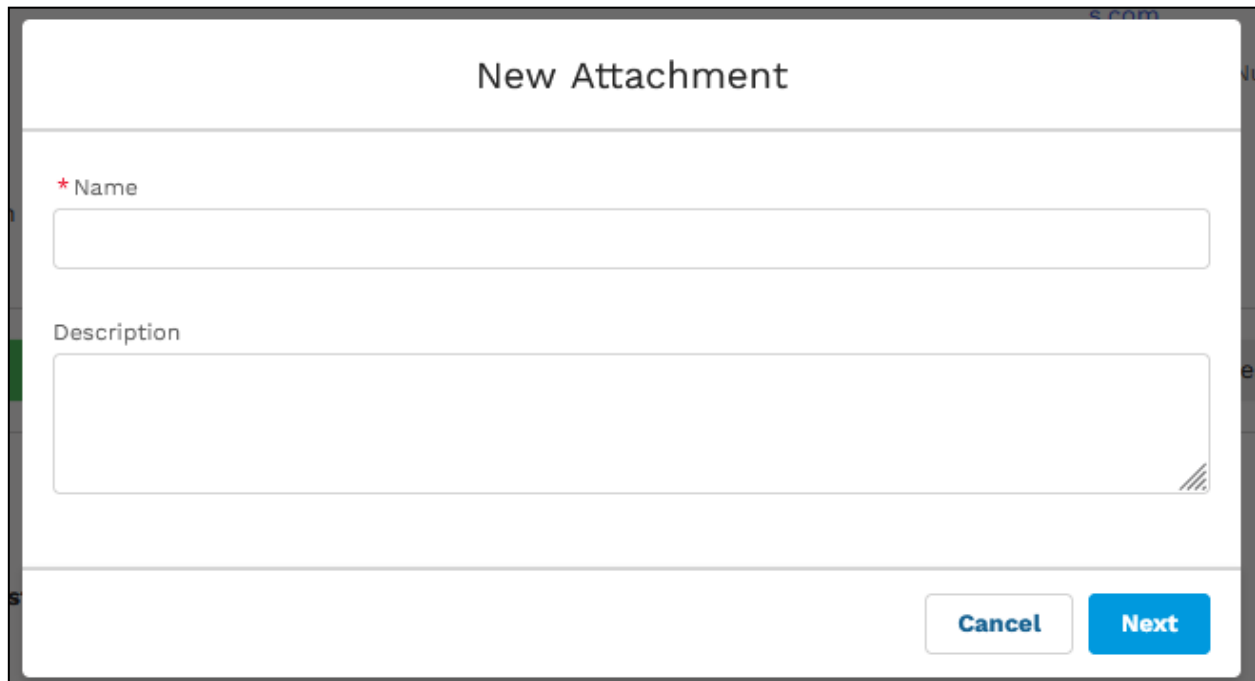
Clicking on 'Next' button will display below page.

The screenshot shows the 'Document(s)' tab in the NFA Licensing system. The top navigation bar includes tabs for Military Provision, Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The 'Documents' tab is active. Below the navigation bar, there is a section titled 'Please use the "Add Additional Attachment" button to attach any additional documents.' followed by two numbered instructions: '1. Notarized NFA Reciprocity Licensure Questionnaire Form 5535 Please click here to download the Form 5535.' and '2. Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)'. To the right of these instructions is a blue button labeled '+ Add Additional Attachment'. Below this, there are two document entries. The first entry is 'Notarized NFA Reciprocity Licensure Questionnaire Form 5535' with an 'Add Deficiency' button and a 'Delete' button. Below this entry is an 'Upload Attachments' section with an 'Upload Files' button and the text 'Or drop files'. The second entry is 'Military person/Spouse supporting Documentation' with an 'Add Deficiency' button and a 'Delete' button. Below this entry is another 'Upload Attachments' section with an 'Upload Files' button and the text 'Or drop files'. At the bottom of the form, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 119. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

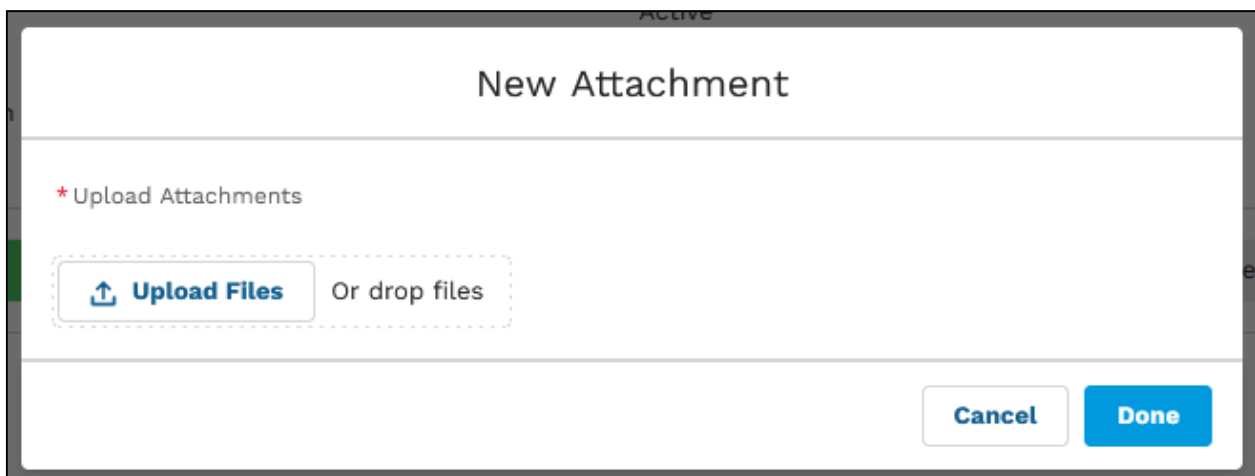
To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:



The screenshot shows a web form titled "New Attachment". It has two main input fields: "Name" with a red asterisk indicating it is required, and "Description". Below these fields are two buttons: "Cancel" and "Next".

Figure 120. Add new additional attachment page

Enter attachment name, description and click next to display the following page:



The screenshot shows the same "New Attachment" form, but now it displays the "Upload Attachments" section. It includes a dashed box with an "Upload Files" button (containing an upload icon) and the text "Or drop files". At the bottom right, there are "Cancel" and "Done" buttons.

Figure 121. Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Document(s)' tab with three document upload sections. Each section has a title, a document icon, and buttons for 'Add Deficiency' and 'Delete'. The first section is 'Notarized NFA Reciprocity Licensure Questionnaire Form 5535' with a red message 'This document is required'. The second section is 'Military person/Spouse supporting Documentation'. The third section is 'Additional Attachment' with a file named 'Test Upload.docx' and a 'Delete' button. At the bottom are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 122. Document(s) tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Deficiencies' tab. At the top is a progress bar with steps: Acknowledgement, Summary, Payment, Payment 2, and Submit. The 'Deficiencies' step is active. Below are three error messages, each with a 'Go to Step' button. The first error is 'Error in Item: 3. Acknowledgement' with description 'Error On I Acknowledge that my NFA license has not been revoked in any state in United States.' The second error is 'Error in Item: 3. Acknowledgement' with description 'Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application'. The third error is 'Error in Item: 98. Documents' with description 'Error On Copy of your Social Security Card'. At the bottom are navigation buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 123. Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Summary' tab of the Texas Health and Human Services application. At the top left is the Texas Health and Human Services logo. A 'Print' button is in the top right. Below the logo is the 'Applicant Information' section, which contains a table of personal and professional details. Below this is a progress bar with 10 steps, where the 10th step, 'Summary', is highlighted in blue. Below the progress bar is the 'Review Information' section, which includes a 'Profile Acknowledgement' checkbox and a 'Personal Information' section. At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA)  
Application Type: Nursing Facility Administrator Reciprocity Application

Figure 124. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Payment' tab of the Texas Health and Human Services application. At the top is a progress bar with 10 steps, where the 9th step, 'Payment', is highlighted in blue. Below the progress bar is the 'APPLICATION DETAILS' section, which contains fields for 'Application ID' (RSLAN-0002842), 'Application Type' (Nursing Facility Administrator Reciprocity Application), 'Application Status' (Payment Pending), and 'Application Date' (Oct 1, 2021). Below this is the 'ONLINE PAYMENTS' section, which contains a dropdown menu for selecting a payment type. At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

APPLICATION DETAILS

Application ID: RSLAN-0002842  
Application Type: Nursing Facility Administrator Reciprocity Application  
Application Status: Payment Pending  
Application Date: Oct 1, 2021

ONLINE PAYMENTS

--Select a Payment Type--  
ACH  
Credit Card  
Paper Check/Money Order  
--Select a Payment Type--

Figure 125. Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

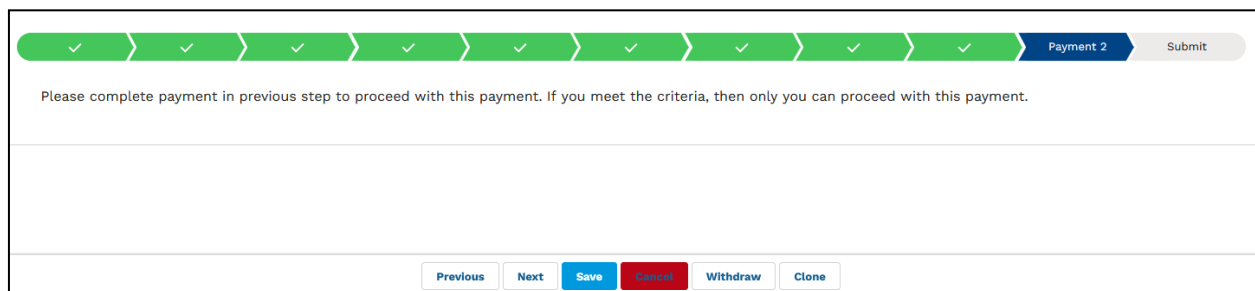
1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.

*Note: Second payment may be required for some applications, if your application requires second or additional payment you will get a notification from HHS.*

To make second payment login to your account, open the application that requires second/additional payment and click on 'Payment 2' tab to see below tab.

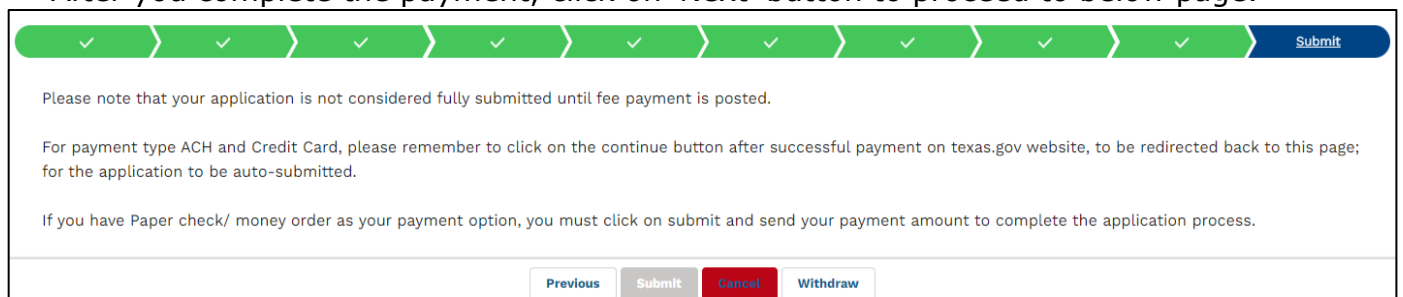
Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.



The screenshot shows a progress bar at the top with 11 green checkmarks and a blue 'Payment 2' tab. Below the progress bar, a message states: 'Please complete payment in previous step to proceed with this payment. If you meet the criteria, then only you can proceed with this payment.' At the bottom, there are buttons: 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure 126. Payment tab

After you complete the payment, click on 'Next' button to proceed to below page.



The screenshot shows a progress bar at the top with 11 green checkmarks and a blue 'Submit' tab. Below the progress bar, a message states: 'Please note that your application is not considered fully submitted until fee payment is posted.' Below this, two paragraphs provide instructions: 'For payment type ACH and Credit Card, please remember to click on the continue button after successful payment on texas.gov website, to be redirected back to this page; for the application to be auto-submitted.' and 'If you have Paper check/ money order as your payment option, you must click on submit and send your payment amount to complete the application process.' At the bottom, there are buttons: 'Previous', 'Submit', 'Cancel', and 'Withdraw'.

Figure 127. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.

*Note: 'Submit' button will be disabled if payment was not made.*

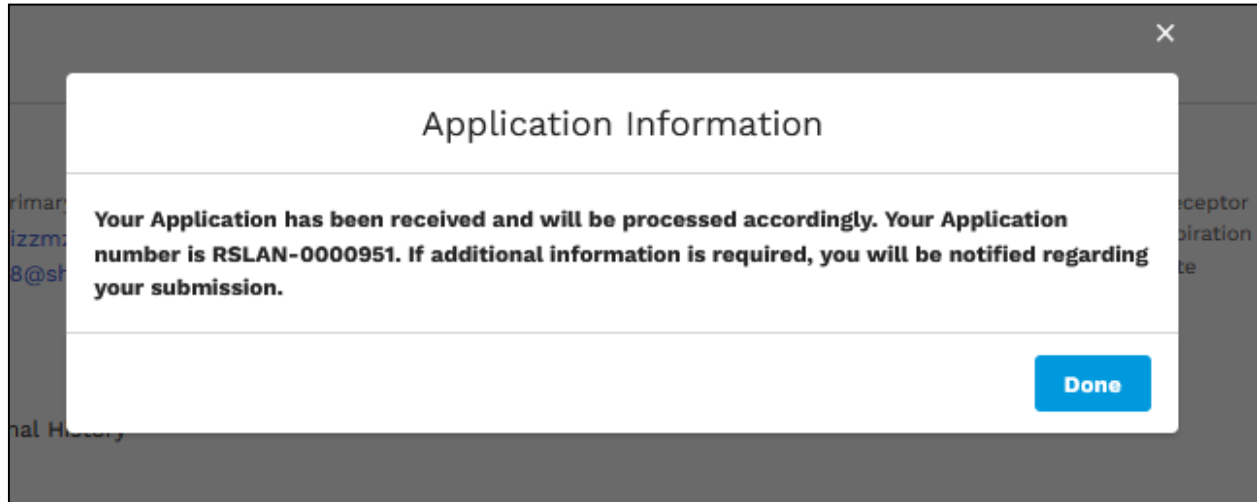


Figure 128. Confirmation tab

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**

## 4.5. Provisional License Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to the following page:

*Note: This application is applicable to applicants who are prospects and who do not hold a professional license with State of Texas.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'No' for question 'Are you a military spouse with active Out-of-State License and Do you have a Texas Address?'
5. Select 'No' for question 'Are you HSE Certified?'
6. Select 'Yes' for question 'Do you have an active Out-of-State License and want to pursue reciprocity?'
7. Select 'Yes' for question 'Do you have 2 years of NFA Employment?'
8. Select 'Provisional License Application' for question 'Please select an application?'
9. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display below page to review or edit your information.

Personal Infor...
Acknowledge...
Work History
Attestation fo...
Military Provis...
Documents
Deficiencies
Summary
Payment
Payment 2
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharkiasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Previous
Next
Save
Cancel
Withdraw

Figure 129. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'Click here' will display below page.

### Profile Information

#### Profile Information

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

SSN  
123-45-1234

\* Phone

Alternate Phone

\* Address Line1

Address Line2

\* City

\* State

\* ZipCode

\* Method of Communication for Fingerprinting

Figure 130. Update Personal information page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

**Personal Information**

First Name: New

Middle Name: First Name New Middle Name New Last

Last Name: Name

Date of Birth (DOB): 5/1/2000

SSN: 123-45-1234

Gender: Male

Phone: (111) 111-1111

Alternate Phone: (222) 222-2223

Primary Email: ohxe4k+8pr7l2408f0vk@sharklasers.com

Address Line1: TEST new

Address Line2: 1001

City: newyork1

State: TN

ZipCode: 12345-1164

Method of Communication (Fingerprinting): Email

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure 131. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledge... (active), Work History, Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, Payment 2, and Submit. The Acknowledgement section contains three mandatory checkboxes, each with an asterisk:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application.
- ☐ I understand that I must complete form 5518-NFA, have it notarized and submit to the NFA licensing program address listed at the bottom of the form.
- ☐ I understand that the state I'm previously licensed in will provide my official NAB exam score on form 5518.

An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure 132. Acknowledgement tab

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Work History' tab. The top navigation bar is the same as in Figure 132, with 'Work History' now active. Below the navigation bar, there is an 'Add Deficiencies' button in the top right. A table with the following headers is displayed:

Employer Name	City	Employment Start Date	Employment End Date	Employment Approval Status	Job Title	Delete
---------------	------	-----------------------	---------------------	----------------------------	-----------	--------

Below the table is a '+ Add Work History' button. At the bottom, the same five buttons (Previous, Next, Save, Cancel, Withdraw) are present.

Figure 133. Work History Details tab

Click on the button 'Add work history' to add your work history.

### Add Work History

**\*HHSC Vendor/Facility Id**

**\* Employer Name**

Business Type ⓘ

Employer Phone Number

Is this your current Occupation? ⓘ

☐

**\* Employment Start Date**

**\* Employment End Date**

Job Title

Were you a Nursing Facility Administrator there?

Mailing Address Line 1

Mailing Address Line 2

Mailing Zipcode

Search

--None--

☐

📅

📅

--None--

Cancel

Save

Figure 134. Add Work History page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Clicking on 'Save' button will save the record, clicking on 'Cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'Save' button will display below page.

The screenshot shows the 'Work History' tab selected in a breadcrumb navigation bar. Below the navigation bar is a table with columns: Employer Name, City, Employment Start Date, Employment End Date, Employment Approval Status, Job Title, and Delete. A single record is displayed with 'Nursing Facility' as the employer name and '10/01/2021' as the start date. The status is 'Open'. A '+ Add Work History' button is located below the table. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Employer Name	City	Employment Start Date	Employment End Date	Employment Approval Status	Job Title	Delete
Nursing Facility		10/01/2021		Open		

Figure 135. Work History Details tab

Clicking on the 'employer name' will allow you to edit the record or Clicking on the 'Delete' button next to the record will allow you to delete the record.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Attestation for Application' tab selected in the breadcrumb navigation bar. The main content area contains an acknowledgment statement with a checkbox, a signature field labeled '\* Signature - Applicant', and a date field labeled '\* Date' with a calendar icon. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Attestation for Application

☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification

\* Signature - Applicant

\* Date

Oct 1, 2021

Figure 136. Attestation for Application tab

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows a web application interface for the 'Military Provision' tab. At the top, a horizontal navigation bar contains several tabs: 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', 'Payment 2', and 'Submit'. The 'Military Provis...' tab is currently selected and highlighted in blue. Below the navigation bar, the main content area is titled 'Military Provision' and includes a button labeled 'Add Deficiencies'. A question is posed: 'Do you think qualify for a Military Provision?'. Below this question is a dropdown menu with the option 'No' selected. Further down, there is a paragraph of text explaining that military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. It also mentions that military spouses of current, active duty military service members may also have met some licensing requirements related to this status. Below this paragraph, there is a line of text stating: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. This is followed by a bulleted list of three programs: 'Nursing Facility Administrator, NFA\_Licensing\_Program@hhs.texas.gov', 'Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov', and 'Medication Aide Program, Medication\_Aide\_Program@hhs.texas.gov'. At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'. The 'Next' button is highlighted in blue.

Do you think qualify for a Military Provision?

No

Military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. Military spouses of current, active duty military service members also may have met some licensing requirements related to this status. Modifications to renewal requirements may also be available for some military service members on active duty.

If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:

- Nursing Facility Administrator, NFA\_Licensing\_Program@hhs.texas.gov
- Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov
- Medication Aide Program, Medication\_Aide\_Program@hhs.texas.gov

Previous Next Save Cancel Withdraw

Figure 137. Military Provision tab

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The applicant must upload the following document(s) for this application:

[+ Add Additional Attachment](#)

Notarized NFA Program Provisional Licensure Questionnaire Form 5518-NFA. Please [click here](#) to download Form 5518-NFA

Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)

Please use "Add Additional Attachment" button to attach any additional documents.

**Military person/Spouse supporting Documentation** [Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

**NFA Provisional License** [Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

**Notarized Copy of Form 5518-NFA, NFA Program Provisional Licensure Questionnaire** [Add Deficiency](#) [Delete](#)

Upload Attachments

[Upload Files](#) Or drop files

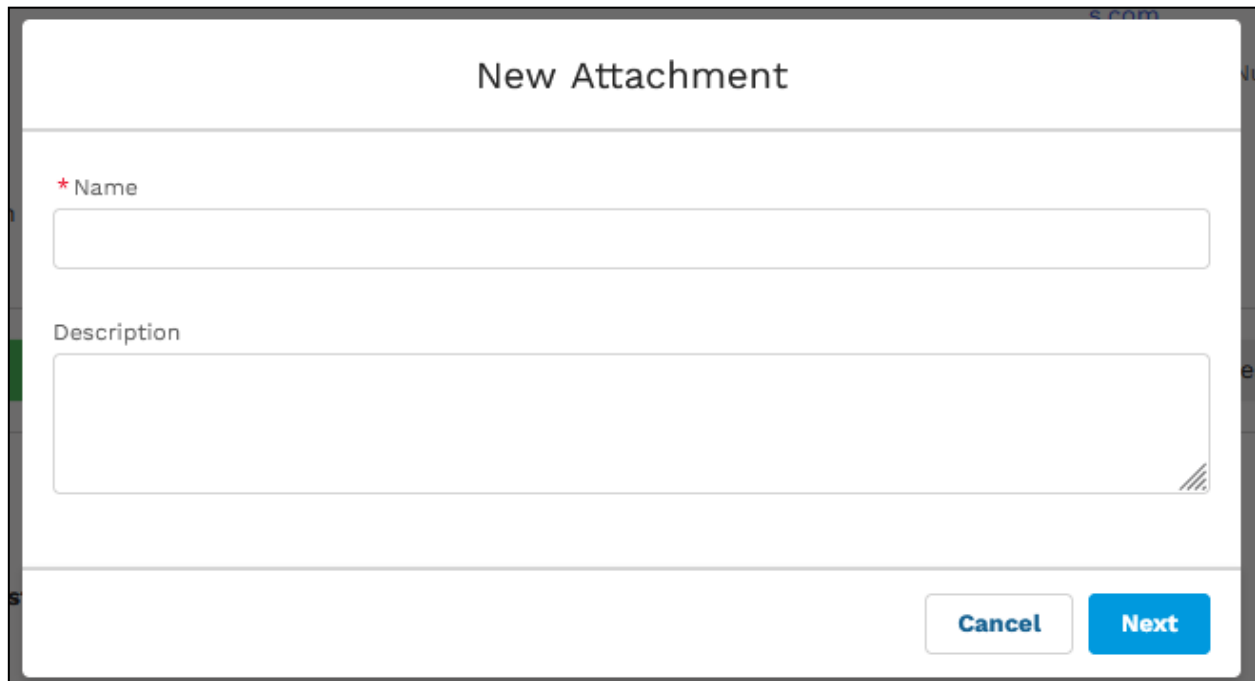
This document is required

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure 138. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

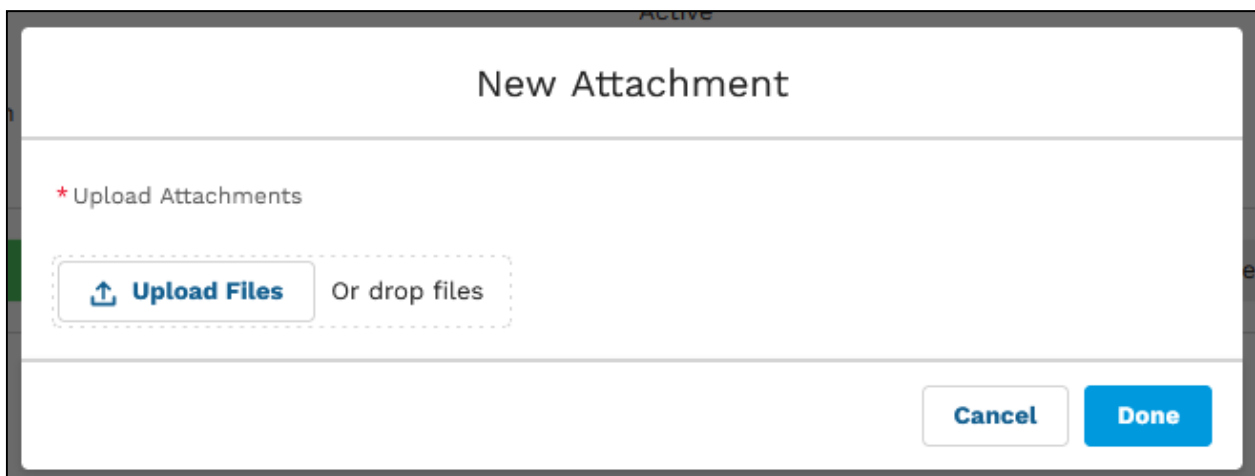
To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:



The screenshot shows a web form titled "New Attachment". It has two input fields: "Name" (marked with a red asterisk) and "Description". At the bottom right, there are two buttons: "Cancel" and "Next".

Figure 139. Add new additional attachment page

Enter attachment name, description and click next to display the following page:



The screenshot shows the same "New Attachment" form, but now it has an "Upload Attachments" section (marked with a red asterisk). This section contains a dashed box with an "Upload Files" button (with an upload icon) and the text "Or drop files". At the bottom right, the buttons are "Cancel" and "Done".

Figure 140. Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents page or click on 'Cancel' button to cancel and go back to documents page.

Clicking on 'Next' button will display below page.

Progress bar: ✓ ✓ ✓ ✓ ✓ Deficiencies Summary Payment Payment 2 Submit

**Error in Item: 2. Profile Acknowledgement** [Go to Step](#)

Description  
**Error On To the best of my knowledge, all the personal information provided under this profile is correct.**

**Error in Item: 5. Attestation for Application** [Go to Step](#)

Description  
**Error On Signature - Applicant**

**Error in Item: 5. Attestation for Application** [Go to Step](#)

Description  
**Error On I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my state**


[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure 141. Deficiencies tab

System will automatically display the deficiencies on this page. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' page.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

**TEXAS**  
Health and Human  
Services

Print

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	Ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Prospective	

Licensure Type: Nursing Facility Administrator (NFA)  
Application Type: NFA - Provisional

✓

✓

✓

✓

✓

✓

✓

✓

Summary

Payment

Payment 2

Submit

**Review Information**

**Profile Acknowledgement**

To the best of my knowledge, all the personal information provided under this profile is correct.

☐

**Personal Information**

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

Date of Birth  
5/1/2000

SSN  
123-45-1234

Gender  
Male

Previous

Next

Save

Cancel

Withdraw

Figure 142. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.



The screenshot shows the 'Payment' tab of the NFA Licensing application system. At the top, a progress bar indicates the current step is 'Payment', with previous steps marked with green checkmarks and subsequent steps labeled 'Payment 2' and 'Submit'. Below the progress bar, the 'APPLICATION DETAILS' section contains four input fields: 'Application ID' (RSLAN-0002843), 'Application Type' (NFA - Provisional), 'Application Status' (Payment Pending), and 'Application Date' (Oct 1, 2021). The 'ONLINE PAYMENTS' section features a dropdown menu for selecting a payment type, with options: ACH, Credit Card, and Paper Check/Money Order. At the bottom, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 143. Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'Next' button to proceed to below page.

The screenshot shows the 'Submit' tab of the NFA Licensing application system. At the top, a progress bar indicates the current step is 'Submit', with previous steps marked with green checkmarks and the final step labeled 'Submit'. Below the progress bar, there is a message: 'Please note that your application is not considered fully submitted until fee payment is posted.' This is followed by two paragraphs of instructions: 'For payment type ACH and Credit Card, please remember to click on the continue button after successful payment on texas.gov website, to be redirected back to this page; for the application to be auto-submitted.' and 'If you have Paper check/ money order as your payment option, you must click on submit and send your payment amount to complete the application process.' At the bottom, there are four buttons: 'Previous', 'Submit', 'Cancel', and 'Withdraw'.

Figure 144. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.

*Note: 'Submit' button will be disabled if payment was not made.*

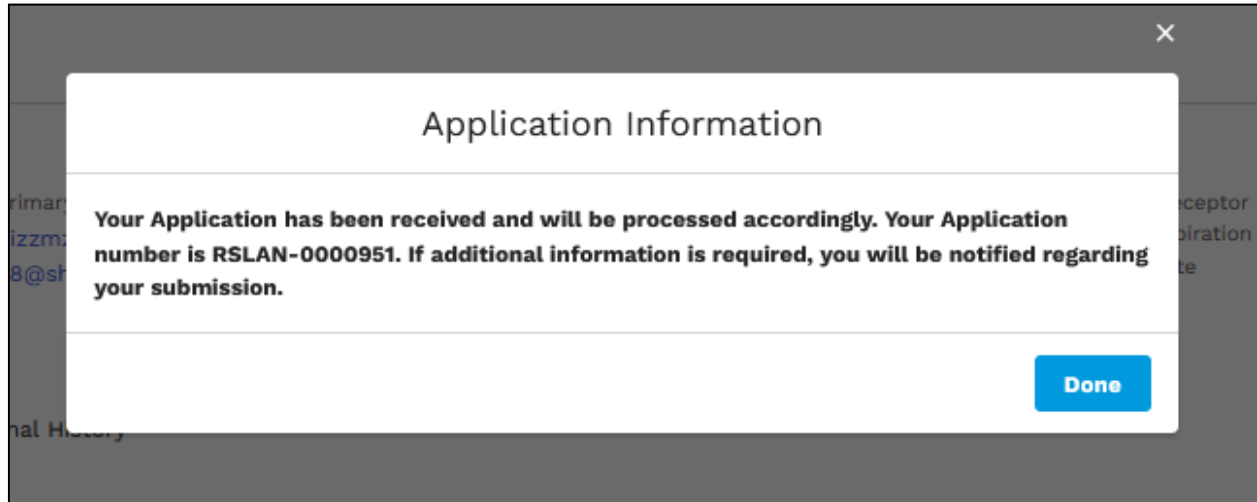


Figure 145. Confirmation tab

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**

## 4.6. Reinstatement Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to the following page:

*Note: This application is applicable to applicants who are licensed but whose professional license with State of Texas is 'Expired'.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Yes' for question 'Do you have Active Out- of State License?'
5. Select 'Reinstatement Application' for question 'Please select an application?'
6. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display below page to review or edit your information.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot displays the 'Personal Information' tab within a web application. At the top, a navigation bar contains several tabs: 'Personal Inform...', 'Acknowledge...', 'Work History', 'Attestation for ...', 'Military Provision', 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. The 'Personal Inform...' tab is currently selected and highlighted in blue.

Below the navigation bar, the 'Profile Acknowledgement' section is visible. It includes a checkbox with the text: '\* ☐ To the best of my knowledge, all the personal information provided under this profile is correct.' Below this, a message states: 'Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.' An 'Add Deficiencies' button is located in the top right corner of this section.

The main section is titled 'Personal Information' and contains a table of applicant details. An 'Add Deficiencies' button is also present in the top right corner of this section.

Field	Value
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7i2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

At the bottom of the form, there is a row of buttons: 'Previous', 'Next', 'Save' (highlighted in blue), 'Cancel' (highlighted in red), and 'Withdraw'.

Figure 146. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'Click here' will display below page.

### Profile Information

#### Profile Information

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

SSN  
123-45-1234

\* Phone

Alternate Phone

\* Address Line1

Address Line2

\* City

\* State

\* ZipCode

\* Method of Communication for Fingerprinting

Figure 147. Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

**Personal Information**

Profile Acknowledgement

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

**Personal Information**

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Previous Next Save Cancel Withdraw

Figure 148. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Acknowledgement' tab selected in a navigation bar. The navigation bar includes tabs: Acknowledgement (active), Work History, Attestation for ..., Military Provision, Documents, Deficiencies, Summary, Payment, and Submit. The Acknowledgement tab contains two required checkboxes, each with an asterisk:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application.
- ☐ I understand that I must complete form 5518-NFA, have it notarized and submit to the NFA licensing program address listed at the bottom of the form.

An 'Add Deficiencies' button is located in the top right corner of the Acknowledgement section. At the bottom of the form are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure 149. Acknowledgement tab

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Work History' tab selected in the navigation bar. The navigation bar includes tabs: Acknowledgement, Work History (active), Attestation for ..., Military Provision, Documents, Deficiencies, Summary, Payment, and Submit. The Work History tab displays a table with the following headers:

Employer Name	City	Employment Start Date	Employment End Date	Employment Approval Status	Job Title	Delete
---------------	------	-----------------------	---------------------	----------------------------	-----------	--------

Below the table is a button labeled '+ Add Work History'. At the bottom of the form are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure 150. Work History Details tab

Click on the button 'Add work history' to add your work history.

### Add Work History

\*HHSC Vendor/Facility Id

\* Employer Name

Business Type i

Employer Phone Number

Is this your current Occupation? i

\* Employment Start Date

\* Employment End Date

Job Title

Were you a Nursing Facility Administrator there?

Mailing Address Line 1

Mailing Address Line 2

Mailing Zipcode

Search

--None--

☐

📅

📅

--None--

Cancel

Save

Figure 151. Add Work History page



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Clicking on 'Save' button will save the record, clicking on 'Cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'Save' button will display below page.

The screenshot shows the 'Work History' tab selected in a breadcrumb navigation bar. Below the navigation bar is a table with the following data:

Employer Name	City	Employment Start Date	Employment End Date	Employment Approval Status	Job Title	Delete
Nursing Facility		09/01/2021	09/30/2021	Open	Job Title	

Below the table is a button labeled '+ Add Work History'. At the bottom of the page are navigation buttons: 'Previous', 'Next', 'Save' (blue), 'Cancel' (red), and 'Withdraw'.

Figure 152. Work History Details tab

Clicking on the 'employer name' will allow you to edit the record or Clicking on the 'Delete' button next to the record will allow you to delete the record.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Attestation for Application' tab selected in the breadcrumb navigation bar. The main content area contains the following text and form elements:

Attestation for Application Add Deficiencies

\* ☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification

\* Signature - Applicant

\* Date

At the bottom of the page are navigation buttons: 'Previous', 'Next', 'Save' (blue), 'Cancel' (red), and 'Withdraw'.

Figure 153. Attestation for Application tab

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Military Provision' tab in a web application. At the top, a navigation bar contains several tabs: 'Military Provision' (active), 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. Below the navigation bar, the 'Military Provision' section is displayed. It includes a question: 'Do you think qualify for a Military Provision?' followed by a dropdown menu currently showing '--None--'. Below this, there is explanatory text about military service members and veterans. Further down, it states: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. A bulleted list follows, providing contact information for the Nursing Facility Administrator, Nurse Aide Registry, and Medication Aide Program. At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Military Provision

Do you think qualify for a Military Provision?

--None--

Military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. Military spouses of current, active duty military service members also may have met some licensing requirements related to this status. Modifications to renewal requirements may also be available for some military service members on active duty.

If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:

- Nursing Facility Administrator, [NFA\\_Licensing\\_Program@hhs.texas.gov](mailto:NFA_Licensing_Program@hhs.texas.gov)
- Nurse Aide Registry, [NurseAideRegistry@hhs.texas.gov](mailto:NurseAideRegistry@hhs.texas.gov)
- Medication Aide Program, [Medication\\_Aide\\_Program@hhs.texas.gov](mailto:Medication_Aide_Program@hhs.texas.gov)

Previous Next Save Cancel Withdraw

Figure 154. Military Provision tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Documents' tab in the NFA Licensing Application system. At the top, a progress bar indicates the current step is 'Documents', with previous steps marked with checkmarks and subsequent steps (Deficiencies, Summary, Payment, Submit) shown as greyed-out tabs. The main content area lists required documents: 'Notarized Form 5518-NFA' and 'Military person/Spouse supporting Documentation'. Each document entry includes an 'Add Deficiency' and 'Delete' button, an 'Upload Attachments' section with an 'Upload Files' button and a drop zone, and a red status message 'This document is required'. A '+ Add Additional Attachment' button is located in the top right. At the bottom, navigation buttons include 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

The applicant must upload the following document(s) for this application:

**Notarized Form 5518-NFA.** Please [click here](#) to download Form 5518-NFA

**Military person/Spouse supporting Documentation** (for applicants who qualify for a Military Provision)

Please use "Add Additional Attachment" button to attach any additional documents.

**Notarized Copy of Form 5518-NFA, NFA Program Provisional Licensure Questionnaire** Add Deficiency Delete

Upload Attachments

Upload Files Or drop files

**Military person/Spouse supporting Documentation** Add Deficiency Delete

Upload Attachments

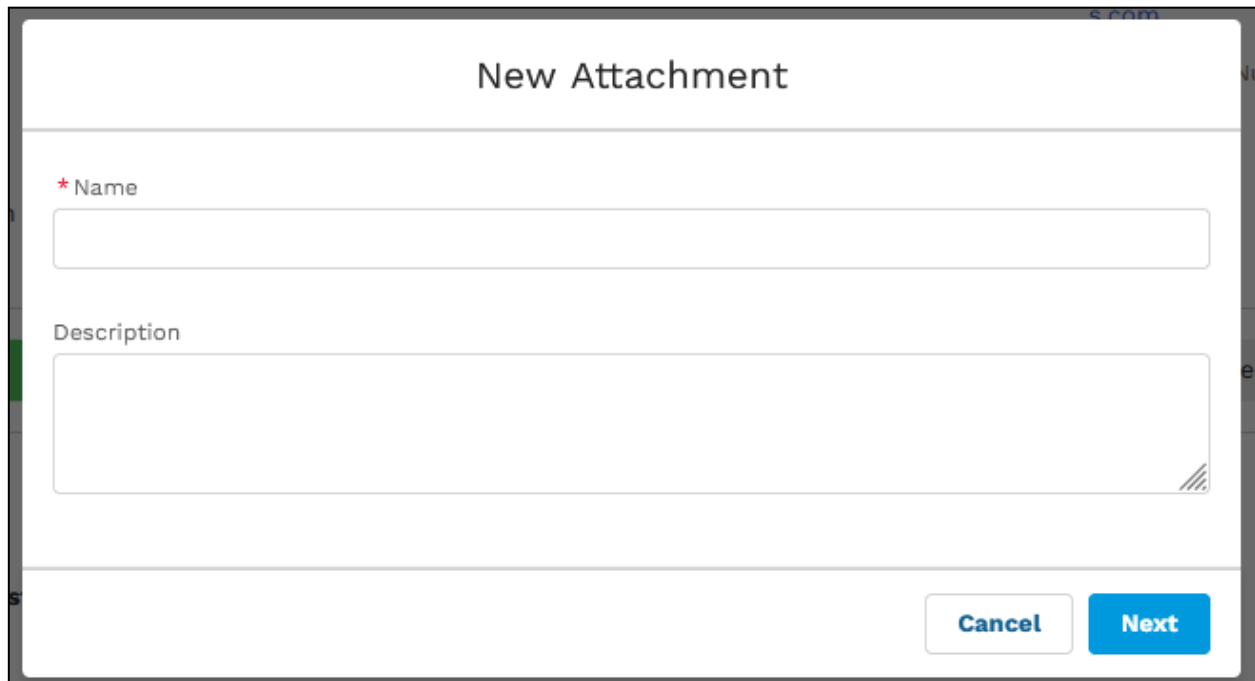
Upload Files Or drop files

Previous Next Save Cancel Withdraw

Figure 155. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

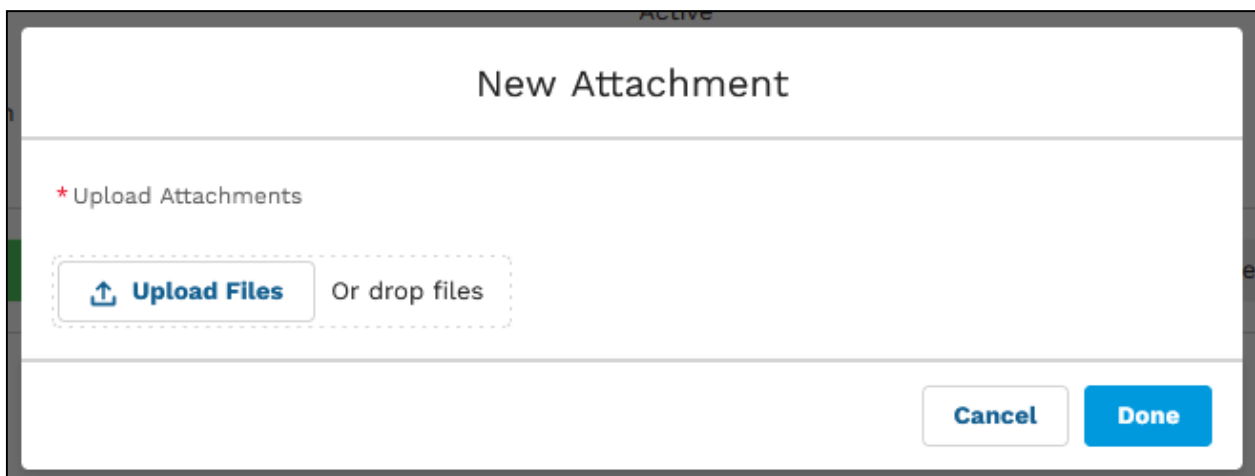
To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:



The screenshot shows a web form titled "New Attachment". It has two input fields: "Name" (marked with a red asterisk) and "Description". At the bottom right, there are two buttons: "Cancel" and "Next".

Figure 156. Add new additional attachment page

Enter attachment name, description and click next to display the following page:



The screenshot shows the same "New Attachment" form, but now it has an "Upload Attachments" section (marked with a red asterisk). This section contains a dashed box with an "Upload Files" button (with an upload icon) and the text "Or drop files". At the bottom right, the buttons are "Cancel" and "Done".

Figure 157. Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Progress bar: 7 steps, all marked with green checkmarks. Current step: Deficiencies.

**Error in Item: 2. Profile Acknowledgement** [Go to Step](#)

Description  
**Error On To the best of my knowledge, all the personal information provided under this profile is correct.**

**Error in Item: 5. Attestation for Application** [Go to Step](#)

Description  
**Error On Date**

**Error in Item: 5. Attestation for Application** [Go to Step](#)

Description  
**Error On Signature - Applicant**

Navigation buttons: Previous, Next, Save, Cancel, Withdraw

Figure 158. Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

TEXAS Health and Human Services

Print

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	New	New	5/1/2000	ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Expired	

Licensure Type: Nursing Facility Administrator (NFA)  
Application Type: NFA - Reinstatement

Progress bar: 7 steps, all marked with green checkmarks. Current step: Summary.

**Review Information**

**Profile Acknowledgement**

To the best of my knowledge, all the personal information provided under this profile is correct.

☐

**Personal Information**

First Name: New  
Middle Name: New  
First Name New Middle Name New Last  
Last Name: New

Navigation buttons: Previous, Next, Save, Cancel, Withdraw

Figure 159. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Payment' tab of the NFA Licensing application system. At the top, a progress bar with 11 steps is visible, with the 11th step labeled 'Payment' and the 12th step labeled 'Submit'. Below the progress bar, the 'APPLICATION DETAILS' section contains four fields: 'Application ID' (RSLAN-0002846), 'Application Type' (NFA - Reinstatement), 'Application Status' (Payment Pending), and 'Application Date' (Oct 4, 2021). The 'ONLINE PAYMENTS' section features a dropdown menu for selecting a payment type, with options: ACH, Credit Card, and Paper Check/Money Order. At the bottom, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 160. Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'Next' button to proceed to below page.

The screenshot shows the 'Submit' tab of the NFA Licensing application system. At the top, a progress bar with 11 steps is visible, with the 11th step labeled 'Submit' and the 12th step labeled 'Submit'. Below the progress bar, there is a message: 'Please note that your application is not considered fully submitted until fee payment is posted.' This is followed by two paragraphs of instructions: 'For payment type ACH and Credit Card, please remember to click on the continue button after successful payment on texas.gov website, to be redirected back to this page; for the application to be auto-submitted.' and 'If you have Paper check/ money order as your payment option, you must click on submit and send your payment amount to complete the application process.' At the bottom, there are four buttons: 'Previous', 'Submit', 'Cancel', and 'Withdraw'.

Figure 161. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.

*Note: 'Submit' button will be disabled if payment was not made.*

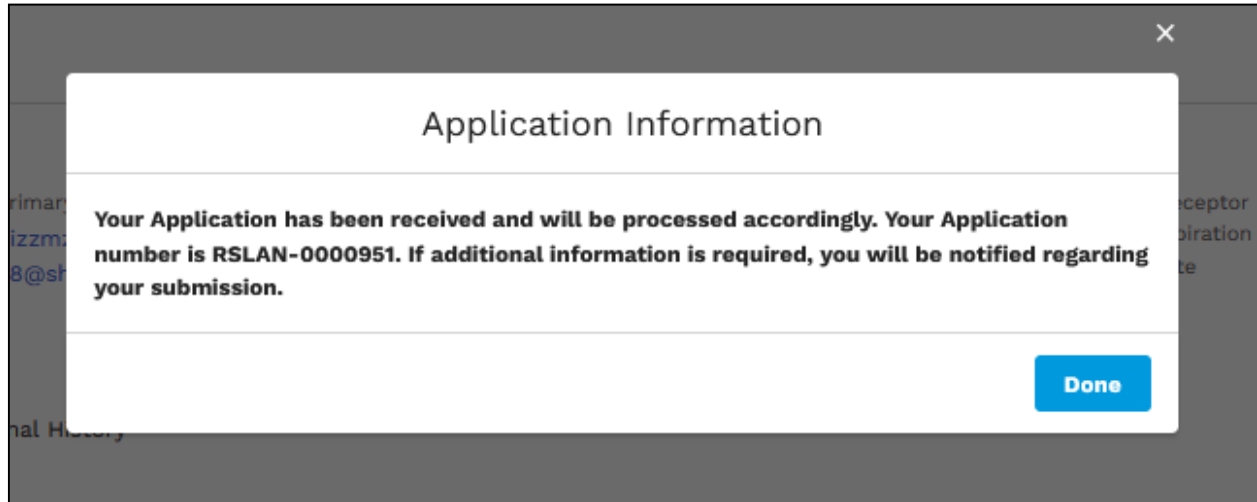


Figure 162. Confirmation tab

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**

## 4.7. Inactive Status Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to the following page:

*Note: This application is applicable to applicants who are licensed and who hold an 'Active' or 'Inactive' professional license with State of Texas.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Inactive Status Application' for question 'Please select an application'
5. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display below page to review or edit your information.



Personal Information
Acknowledgement
Attestation for Ap...
Military Provision
Documents
Deficiencies
Summary
Payment
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Next
Save
Cancel
Withdraw

Figure 163. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'Click here' will display below page.

### Profile Information

#### Profile Information

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

SSN  
123-45-1234

\* Phone

Alternate Phone

\* Address Line1

Address Line2

\* City

\* State

\* ZipCode

\* Method of Communication for Fingerprinting

Figure 164 - Update Personal information page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

The screenshot shows the 'Personal Information' tab in the NFA Licensing application system. The top navigation bar includes tabs: Personal Information (selected), Acknowledgement, Attestation for Ap..., Military Provision, Documents, Deficiencies, Summary, Payment, and Submit. The main content area is titled 'Personal Information' and contains a form with the following fields:

Field	Value
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

At the bottom of the form, there are four buttons: Next, Save, Cancel, and Withdraw.

Figure 165. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Acknowledgement' tab in the NFA Licensing application system. The top navigation bar includes tabs: Personal Information, Acknowledgement (selected), Attestation for Ap..., Military Provision, Documents, Deficiencies, Summary, Payment, and Submit. The main content area is titled 'Acknowledgement' and contains a form with the following fields:

Field	Value
Acknowledgement	I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application

At the bottom of the form, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure 166. Acknowledgement tab

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Attestation for Application' tab. At the top, a progress bar indicates the current step is 'Attestation for Ap...', with previous steps marked with green checkmarks and subsequent steps (Military Provision, Documents, Deficiencies, Summary, Payment, Submit) in grey. The main content area is titled 'Attestation for Application' and includes an 'Add Deficiencies' button. Below this, there is an acknowledgment statement: '\* I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. This is followed by a signature field labeled '\* Signature - Applicant' and a date field labeled '\* Date' with the value 'Oct 4, 2021' and a calendar icon. At the bottom, there are five buttons: 'Previous', 'Next', 'Save' (highlighted in blue), 'Cancel' (highlighted in red), and 'Withdraw'.

Figure 167. Attestation for Application tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Military Provision' tab. The progress bar at the top shows 'Military Provision' as the current step, with previous steps marked with green checkmarks and subsequent steps (Documents, Deficiencies, Summary, Payment, Submit) in grey. The main content area is titled 'Military Provision' and includes an 'Add Deficiencies' button. Below this, there is a question: 'Do you think qualify for a Military Provision?' followed by a dropdown menu currently showing '--None--'. A paragraph of text explains that military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. It also mentions that military spouses of current, active duty military service members may also have met some licensing requirements related to this status. Below this, there is a note: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. This is followed by a list of three email addresses: 'Nursing Facility Administrator, NFA\_Licensing\_Program@hhs.texas.gov', 'Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov', and 'Medication Aide Program, Medication\_Aide\_Program@hhs.texas.gov'. At the bottom, there are five buttons: 'Previous', 'Next', 'Save' (highlighted in blue), 'Cancel' (highlighted in red), and 'Withdraw'.

Figure 168. Military Provision tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Documents' tab in a multi-step application process. The top navigation bar includes tabs for 'Documents' (active), 'Deficiencies', 'Summary', 'Payment', and 'Submit'. The main content area contains instructions: 'The applicant must upload the following document(s) for this application:' followed by a blue button '+ Add Additional Attachment'. Below this, it specifies 'Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)' and instructs to use the 'Add Additional Attachment' button for additional documents. A list of attachments shows 'Military person/Spouse supporting Documentation' with 'Add Deficiency' and 'Delete' buttons. An 'Upload Attachments' section includes an 'Upload Files' button and 'Or drop files' text. At the bottom, navigation buttons are 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 169. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:

The 'New Attachment' page features a title bar at the top. Below it, there is a required field labeled '\* Name' with a text input box. Underneath is a 'Description' label followed by a larger text area. At the bottom right, there are two buttons: 'Cancel' and 'Next'.

Figure 170. Add new additional attachment page

Enter attachment name, description and click next to display the following page:

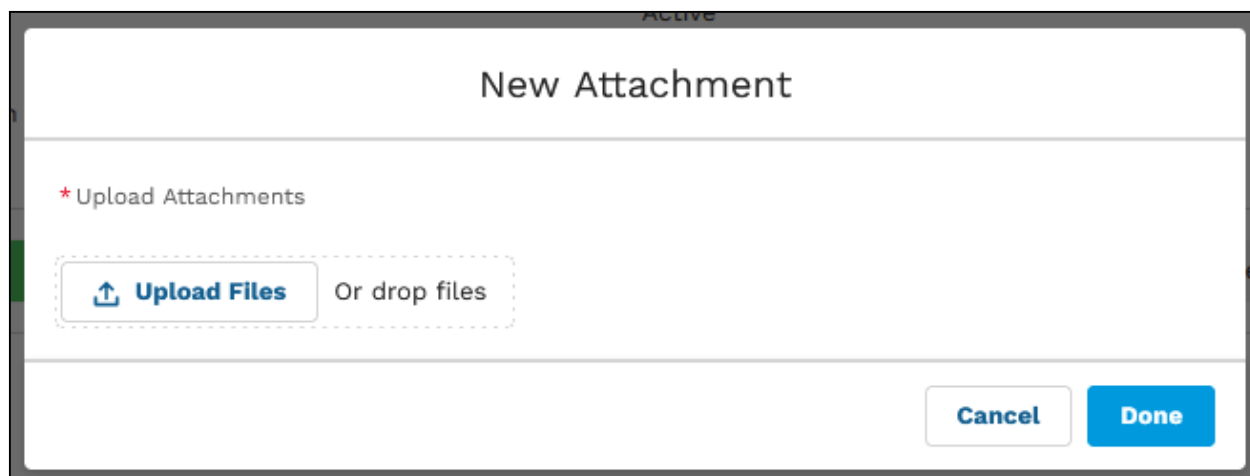


Figure 171. Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'Next' button will display below page.

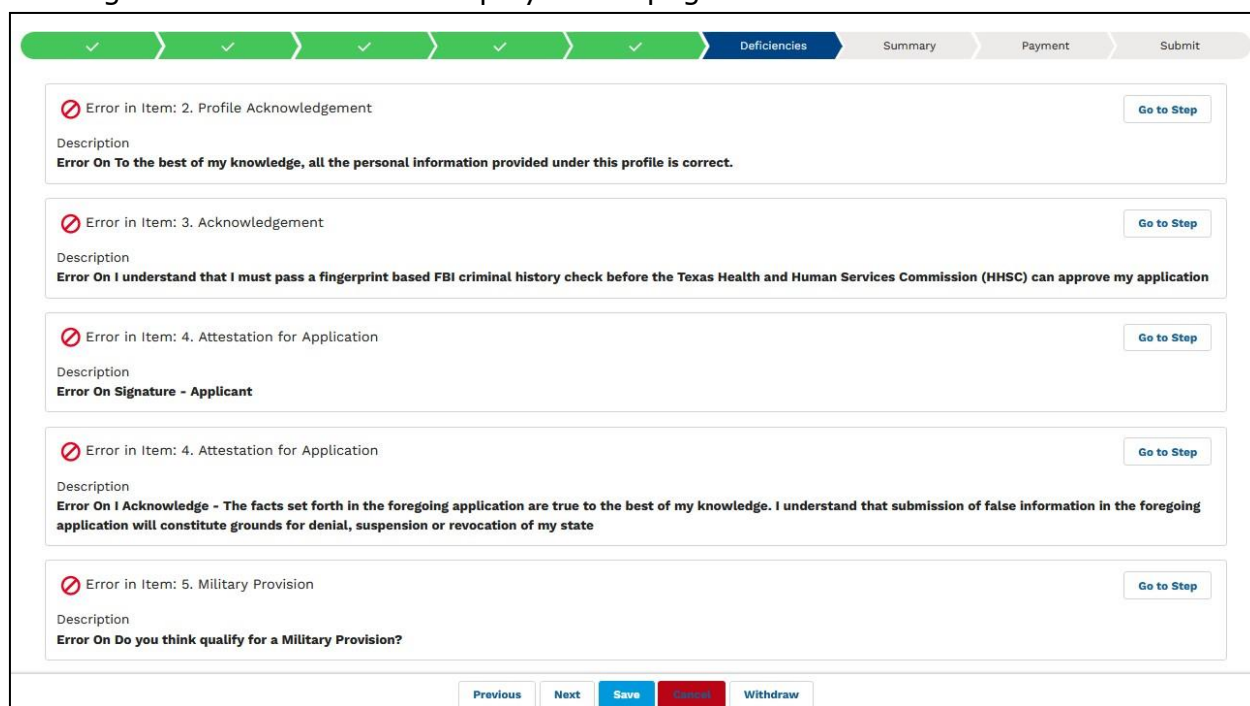


Figure 172. Deficiencies tab

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

**TEXAS Health and Human Services**

Print

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f Dvk@sharklasers.co m	1234	Prospective	123456	Active	Prospective			Inactive	1

Licensure Type: Nursing Facility Administrator (NFA)      Application Type: NFA - Inactive

Progress Bar: [7 steps completed] Summary [active] Payment Submit

**Review Information**

**Profile Acknowledgement**

To the best of my knowledge, all the personal information provided under this profile is correct.

☐

**Personal Information**

First Name  
New  
Middle Name  
First Name New Middle Name New Last  
Last Name  
Name

Previous Next Save Cancel Withdraw

Figure 173. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

The screenshot displays the 'Payment' tab of the NFA Licensing application system. At the top, a progress bar shows steps 1 through 9 as completed (green) and step 10 as the current step (blue). The 'Payment' button is highlighted in blue, and the 'Submit' button is greyed out.

**APPLICATION DETAILS**

Application ID RSLAN-0002847	Application Type NFA - Inactive
Application Status Payment Pending	Application Date Oct 4, 2021

**ONLINE PAYMENTS**

--Select a Payment Type--

- ACH
- Credit Card
- Paper Check/Money Order

--Select a Payment Type--

At the bottom, there are five buttons: 'Previous' (grey), 'Next' (grey), 'Save' (blue), 'Cancel' (red), and 'Withdraw' (grey).

Figure 174. Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'Next' button to proceed to below page.

The screenshot displays the 'Submit' tab of the NFA Licensing application system. At the top, the progress bar shows steps 1 through 10 as completed (green), and the 'Submit' button is highlighted in blue.

Please note that your application is not considered fully submitted until fee payment is posted.

For payment type ACH and Credit Card, please remember to click on the continue button after successful payment on texas.gov website, to be redirected back to this page; for the application to be auto-submitted.

If you have Paper check/ money order as your payment option, you must click on submit and send your payment amount to complete the application process.

At the bottom, there are four buttons: 'Previous' (grey), 'Submit' (blue), 'Cancel' (red), and 'Withdraw' (grey).

Figure 175. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.



*Note: 'Submit' button will be disabled if payment was not made.*

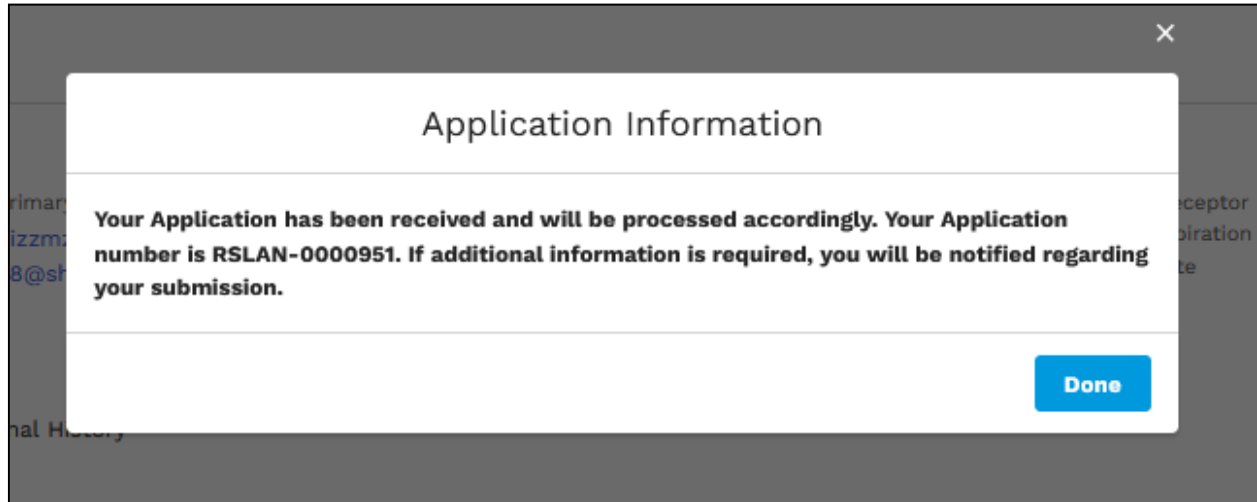


Figure 176. Confirmation tab

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**

## 4.8. Preceptor Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below page.

*Note: This application is applicable to applicants who are licensed and who hold an 'Active' professional license with State of Texas.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Preceptor Application' for question 'Please select an application'
5. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display below page to review or edit your information.

This page displays personal information and a button called 'Click here' to update the information.

**Personal Information**

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Previous Next **Save** Cancel Withdraw

Figure 177. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'Click here' will display below page.

### Profile Information

#### Profile Information

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

SSN  
123-45-1234

\* Phone

Alternate Phone

\* Address Line1

Address Line2

\* City

\* State

\* ZipCode

\* Method of Communication for Fingerprinting

Figure 178. Update Personal information page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

**Personal Information**

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Figure 179. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Acknowledgement' tab in a multi-step process. The top navigation bar includes tabs: Acknowledge... (active), Work History, Continuing Ed..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, and Submit. The main content area is titled 'Acknowledgement' and contains a checkbox with an asterisk and the text: 'I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application'. A button labeled 'Add Deficiencies' is in the top right. At the bottom, there are buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure 180. Acknowledgement tab

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Work History' tab in the multi-step process. The top navigation bar includes tabs: Acknowledge... (checked), Work History (active), Continuing Ed..., Attestation fo..., Military Provis..., Documents, Deficiencies, Summary, Payment, and Submit. The main content area has a table with the following headers: Employer Name, City, Employment Start Date, Employment End Date, Employment Approval Status, Job Title, and Delete. Below the table is a button labeled '+ Add Work History'. At the bottom, there are buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure 181. Work History Details tab

Click on the button 'Add work history' to add your work history.

### Add Work History

\*HHSC Vendor/Facility Id

\* Employer Name

Business Type i

Employer Phone Number

Is this your current Occupation? i

\* Employment Start Date

\* Employment End Date

Job Title

Were you a Nursing Facility Administrator there?

Mailing Address Line 1

Mailing Address Line 2

Mailing Zipcode

Search

--None--

☐

📅

📅

--None--

Cancel

Save

Figure 182. Add Work History page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Clicking on 'Save' button will save the record, clicking on 'Cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'Save' button will display below page.

The screenshot shows the 'Work History' tab selected in the top navigation bar. Below the navigation bar is a table with the following columns: Employer Name, City, Employment Start Date, Employment End Date, Employment Approval Status, Job Title, and Delete. A single record is displayed with the following data: Employer Name: Nursing Facility, City: (blank), Employment Start Date: 09/01/2021, Employment End Date: 09/30/2021, Employment Approval Status: Open, Job Title: Job Title, and a Delete button. Below the table is a '+ Add Work History' button. At the bottom of the form are buttons for Previous, Next, Save, Cancel, and Withdraw.

Employer Name	City	Employment Start Date	Employment End Date	Employment Approval Status	Job Title	Delete
Nursing Facility		09/01/2021	09/30/2021	Open	Job Title	

[+ Add Work History](#)

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure 183. Work History Details tab

Clicking on the 'employer name' will allow you to edit the record or Clicking on the 'Delete' button next to the record will allow you to delete the record.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Continuing Education' tab selected in the top navigation bar. Below the navigation bar is a form titled 'Continuing Education' with an 'Add Deficiencies' button. The form contains a table with the following columns: Id, NAB/HHSC Course, Course Number, Sponsor Name, CEU Status, and Delete. Below the table is a '+ Add' button. At the bottom of the form are buttons for Previous, Next, Save, Cancel, and Withdraw. A note at the bottom of the form states: 'Please make sure that the continuing education units for preceptor seminar training required for the preceptor certification have been updated in the system before submitting this application. Please attach all required training certificates for each CEU record, under the documents tab'.

Continuing Education [Add Deficiencies](#)

Id	NAB/HHSC Course	Course Number	Sponsor Name	CEU Status	Delete
----	-----------------	---------------	--------------	------------	--------

[+ Add](#)

☐ All Relevant CEU's completed have been updated

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Please make sure that the continuing education units for preceptor seminar training required for the preceptor certification have been updated in the system before submitting this application.  
Please attach all required training certificates for each CEU record, under the documents tab

Figure 184. Continuing Education tab

Click on the button 'Add' to add continuing education information.

*Note: Preceptor's are required to complete the NAB preceptor training at <https://www.nabweb.org/preceptortraining> which consists of 4 modules.*



### Add CEU

\* Continuing Education Course Code

--None--
▼

Course Number

Course Name

Total CEU

Ethics CEU

Sponsor Name

Date Completed

📅

Transcript

📁
Upload Files

Or drop files

CEU Status

--None--
▼

Comments

Cancel

Save

Figure 185. Add Continuing Education page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Clicking on 'Save' button will save the record, clicking on 'Cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'Save' button will display below page.

The screenshot shows the 'Continuing Education' tab in the NFA licensing system. The top navigation bar includes tabs for 'Continuing Educ...', 'Attestation for A...', 'Military Provision', 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. The 'Continuing Education' tab is active, showing a table with columns: Id, NAB/HHSC Course, Course Number, Sponsor Name, CEU Status, and Delete. Two records are listed: 116926 and 117451, both for 'NAB Course' with sponsor 'chaSeminars'. Below the table, there is a note: 'Please make sure that the continuing education units for preceptor seminar training required for the preceptor certification have been updated in the system before submitting this application.' and another note: 'Please attach all required training certificates for each CEU record, under the documents tab'. A '+ Add' button is present. At the bottom, there is a checkbox labeled '\* All Relevant CEU's completed have been updated' and a row of buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Id	NAB/HHSC Course	Course Number	Sponsor Name	CEU Status	Delete
116926	NAB Course	20211011-18-A70683-DL	chaSeminars		
117451	NAB Course	20211011-18-A70683-DL	chaSeminars		

Figure 186. Continuing Education tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Attestation for Application' tab in the NFA licensing system. The top navigation bar includes tabs for 'Continuing Educ...', 'Attestation fo...', 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. The 'Attestation fo...' tab is active, showing a form with a checkbox labeled '\* I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. Below this is a text field for '\* Signature - Applicant' and a date picker for '\* Date' set to 'Oct 4, 2021'. At the bottom, there is a row of buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 187. Attestation for Application tab

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Military Provision' tab in the NFA Licensing system. The top navigation bar includes tabs for 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', 'Payment 2', and 'Submit'. The 'Military Provis...' tab is active. The main content area is titled 'Military Provision' and contains a question: 'Do you think qualify for a Military Provision?'. Below the question is a dropdown menu with 'No' selected. To the right of the question is an 'Add Deficiencies' button. Below the dropdown menu, there is a paragraph of text explaining that military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. It also mentions that military spouses of current, active duty military service members may have met some licensing requirements related to this status. Below this paragraph, there is a section titled 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. This section lists three email addresses: 'Nursing Facility Administrator, NFA\_Licensing\_Program@hhs.texas.gov', 'Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov', and 'Medication Aide Program, Medication\_Aide\_Program@hhs.texas.gov'. At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 188. Military Provision tab

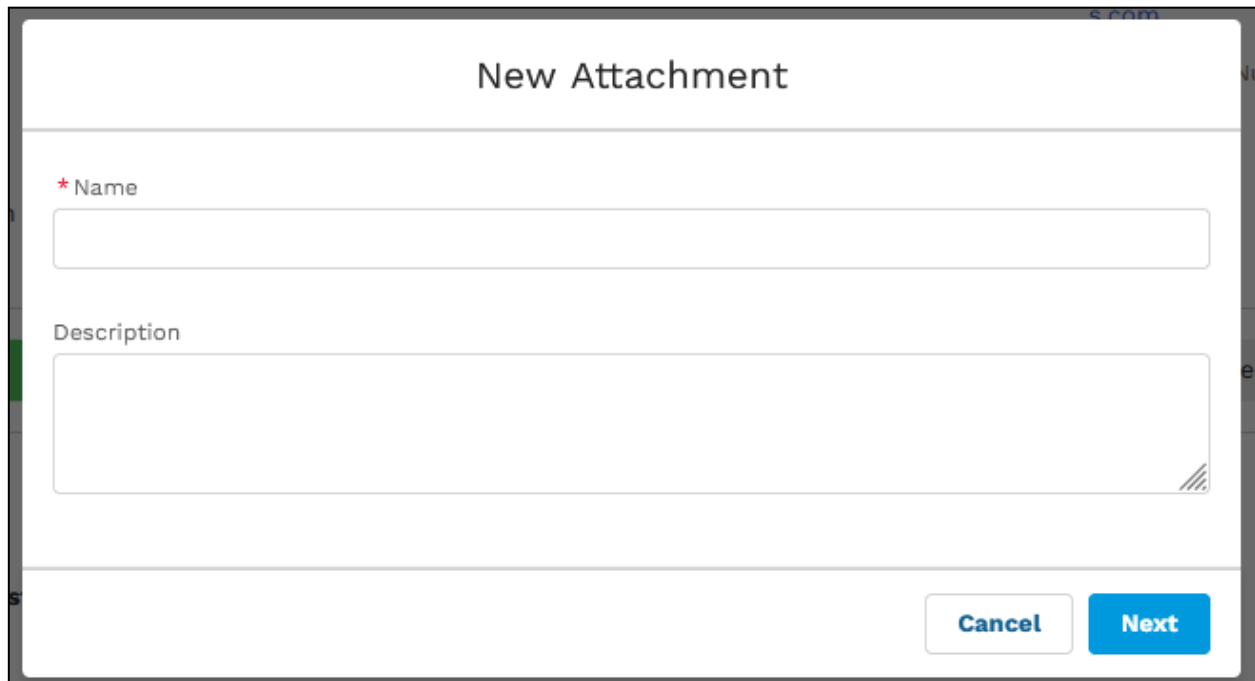
Clicking on 'Next' button will display below page.

The screenshot shows the 'Document(s)' tab in the NFA Licensing system. The top navigation bar includes tabs for 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. The 'Documents' tab is active. The main content area is titled 'The applicant must upload the following document(s) for this application:'. Below this title, there is a list of required documents: 'Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)'. To the right of this list is a blue button labeled '+ Add Additional Attachment'. Below the list, there is a paragraph of text: 'Please use "Add Additional Attachment" button to attach any additional documents. Please attach all required training certificates for the validation of each CEU record'. Below this paragraph, there is a section titled 'Military person/Spouse supporting Documentation'. This section contains a document icon, the text 'Military person/Spouse supporting Documentation', and two buttons: 'Add Deficiency' and 'Delete'. Below this section, there is a section titled 'Upload Attachments'. This section contains a button labeled 'Upload Files' and the text 'Or drop files'. At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 189. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

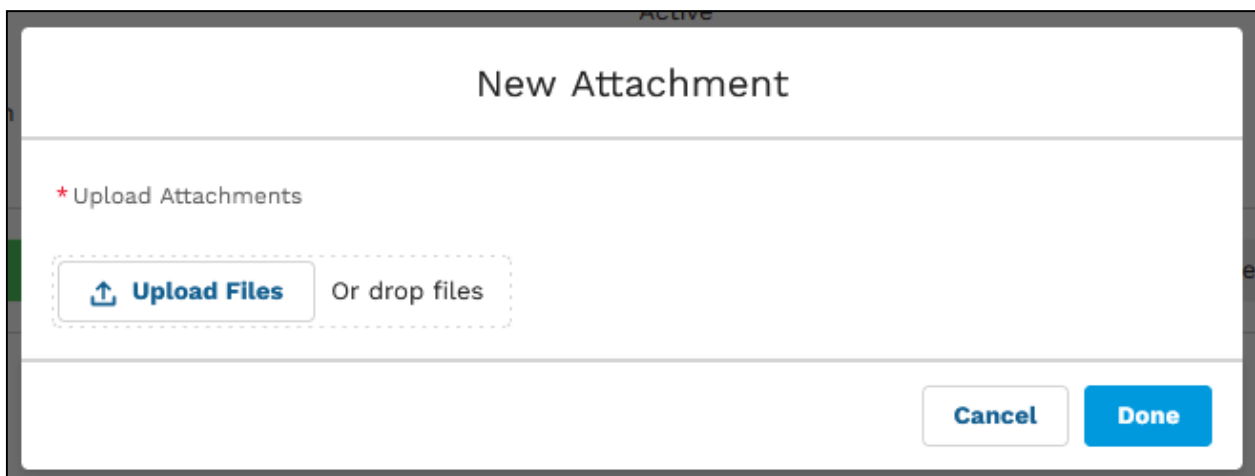
To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:



The screenshot shows a web form titled "New Attachment". It has two input fields: "Name" (marked with a red asterisk) and "Description". Below the fields are two buttons: "Cancel" and "Next".

Figure 190. Add new additional attachment page

Enter attachment name, description and click next to display the following page:



The screenshot shows a web form titled "New Attachment". It has a section labeled "Upload Attachments" (marked with a red asterisk) containing an "Upload Files" button with an upload icon and the text "Or drop files". Below this section are two buttons: "Cancel" and "Done".

Figure 191. Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Deficiencies' tab in the NFA Licensing system. At the top, a progress bar indicates the current step. Below the progress bar, there are three error messages, each with a 'Go to Step' button:

- Error in Item: 2. Profile Acknowledgement**  
Description: **Error On To the best of my knowledge, all the personal information provided under this profile is correct.**
- Error in Item: 3. Acknowledgement**  
Description: **Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application**
- Error in Item: 5. Continuing Education**  
Description: **Error On Preceptor seminar CEUs completed have been updated**

At the bottom of the tab, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 192. Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

The screenshot shows the 'Summary' tab in the NFA Licensing system. At the top, there is a 'Print' button. Below it, the 'Applicant Information' section displays the following details:

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	NFA License Number	NFA License Status
New			5/1/2000	ohxe4k+8pr7l2408f0vk@sha.rklasers.com	1234	Prospective	123456	Active		Active

Below the table, the 'Licensure Type' is 'Nursing Facility Administrator (NFA)' and the 'Application Type' is 'NFA - Preceptor'.

Below the applicant information, there is a progress bar and a 'Summary' button. Below the progress bar, there are two sections: 'Review Information' and 'Personal Information'.

**Review Information**

Profile Acknowledgement

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

**Personal Information**

First Name  
New

Middle Name

At the bottom of the tab, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 193. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

Figure 194. Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'Next' button to proceed to below page.

Figure 195. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.

*Note: 'Submit' button will be disabled if payment was not made.*

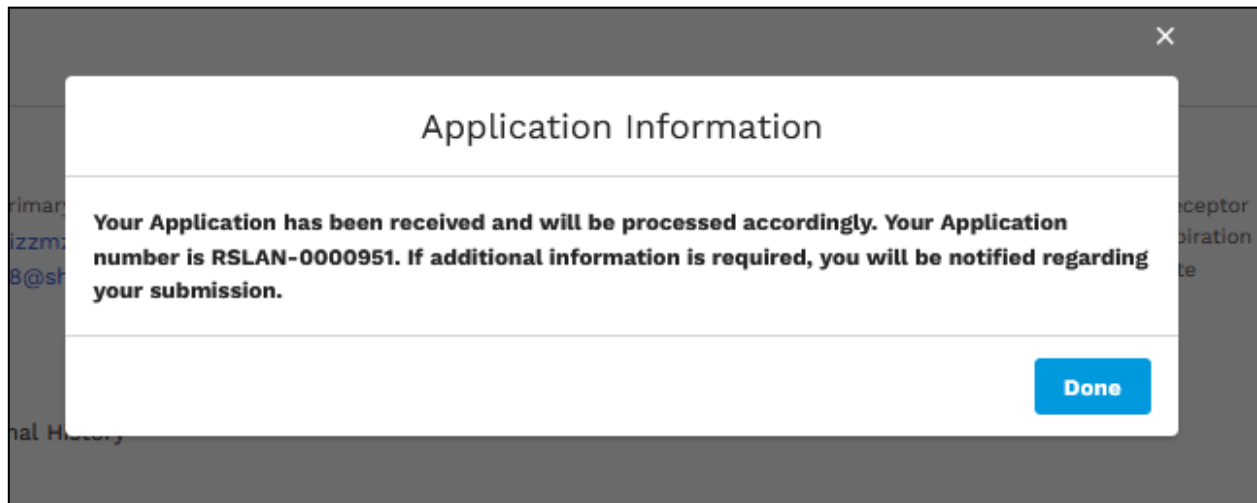


Figure 196. Confirmation tab

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**

## 4.9. Military Renewal Waiver Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below page.

*Note: This application is applicable to applicants who are licensed and who hold an 'Active' or 'Inactive' professional license with State of Texas.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Military Renewal Waiver Application' for question 'Please select an application'
5. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display below page to review or edit your information.



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot displays the 'Personal Information' tab of the NFA Licensing Application System. The top navigation bar includes tabs for Personal Information, Acknowledgement, Attestation for Application, Documents, Deficiencies, Summary, Payment, and Submit. The 'Personal Information' tab is active, showing a 'Profile Acknowledgement' section with a checkbox for confirming the accuracy of the information and a link to access the profile. Below this is a 'Personal Information' section with a table of fields and their values. At the bottom, there are buttons for Previous, Next, Save, Cancel, and Withdraw.

Field	Value
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Figure 197. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'Click here' will display below page.

### Profile Information

#### Profile Information

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

SSN  
123-45-1234

\* Phone

Alternate Phone

\* Address Line1

Address Line2

\* City

\* State

\* ZipCode

\* Method of Communication for Fingerprinting

Figure 198. Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

Personal Information	
First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Figure 199. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledgement (active), Attestation for Applic..., Documents, Deficiencies, Summary, Payment, and Submit. The main content area is titled 'Acknowledgement' and contains a checkbox with the text: '\* ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application'. An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure 200. Acknowledgement tab

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Attestation for Application' tab. The top navigation bar is the same as in Figure 200, with 'Attestation for Applic...' now active. The main content area is titled 'Attestation for Application' and contains three sections: 1) A checkbox with the text: '\* ☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. 2) A signature field labeled '\* Signature - Applicant'. 3) A date field labeled '\* Date' with the value 'Oct 4, 2021' and a calendar icon. An 'Add Deficiencies' button is in the top right. At the bottom, the same five buttons (Previous, Next, Save, Cancel, Withdraw) are present.

Figure 201. Attestation for Application tab

Clicking on 'Next' button will display below page.

Figure 202. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:

Figure 203. Add new additional attachment page

Enter attachment name, description and click next to display the following page:

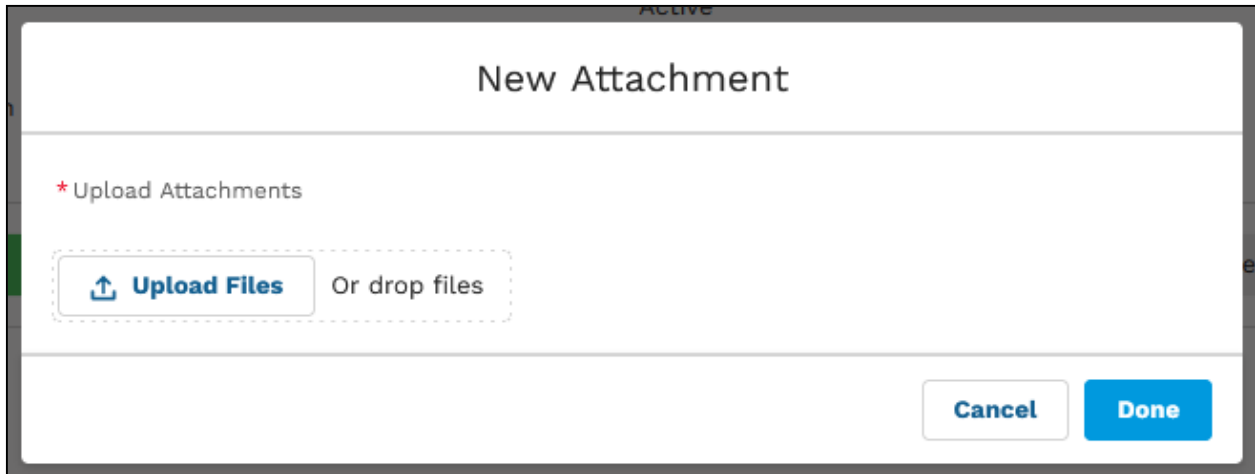


Figure 204. Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'Next' button will display below page.

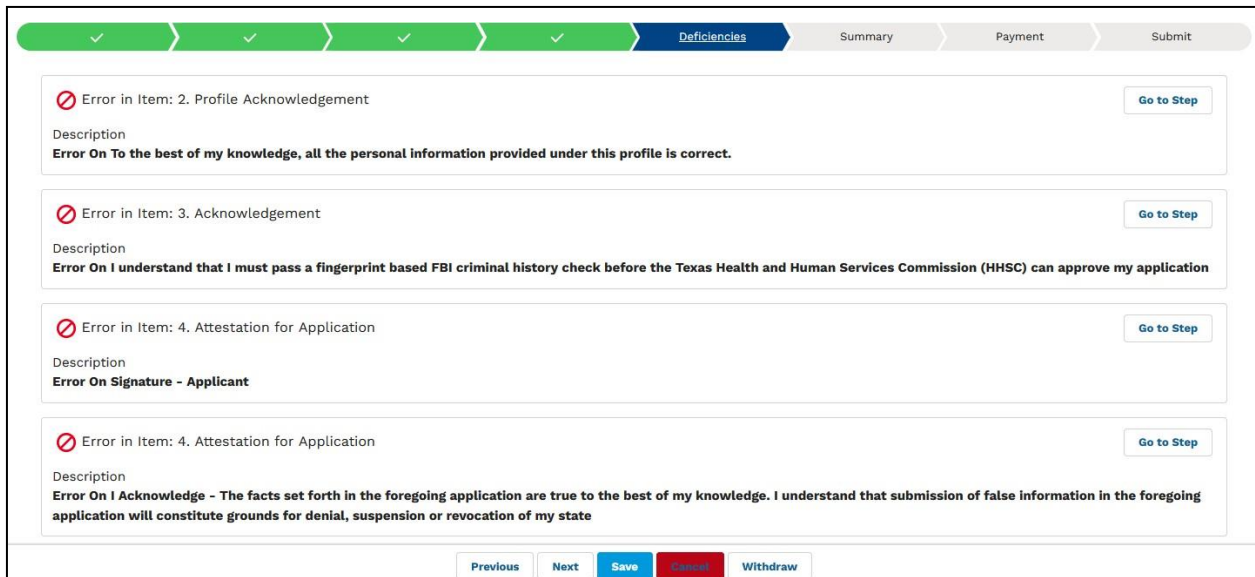


Figure 205. Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

The screenshot shows the 'Summary' tab of the Texas Health and Human Services application. At the top left is the Texas Health and Human Services logo. A 'Print' button is in the top right. Below the logo is the 'Applicant Information' section, which contains a table of applicant details. Below this table is the 'Licensure Type' and 'Application Type' section. A progress bar with seven green checkmarks and a blue 'Summary' button is shown. Below the progress bar is the 'Review Information' section, which includes a 'Profile Acknowledgement' checkbox and a 'Personal Information' section. At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

First Name	Middle Name	Last Name	Date of Birth	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	ohxe4k+8pr7l2408f Ovk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Licensure Type: Nursing Facility Administrator (NFA)  
Application Type: NFA Military Renewal Waiver Application

Figure 206. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

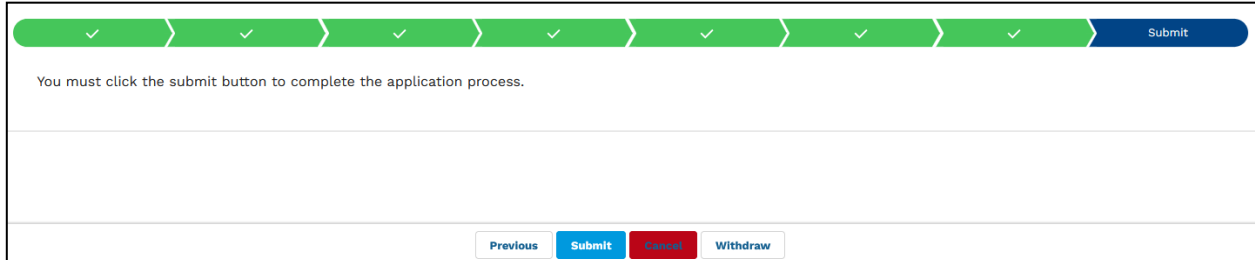
The screenshot shows the 'Payment' tab of the Texas Health and Human Services application. At the top is a progress bar with seven green checkmarks and a blue 'Payment' button. Below the progress bar is a message from HHSC staff regarding the Military Provision request. Below the message is a list of email addresses for the Nursing Facility Administrator, Nurse Aide Registry, and Medication Aide Program. At the bottom are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

HHSC staff needs to review your Military Provision request and approve/reject before you can submit this application, please contact the following programs via email to see if you meet requirements:

- Nursing Facility Administrator, NFA\_Licensing\_Program@hhs.texas.gov
- Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov
- Medication Aide Program, Medication\_Aide\_Program@hhs.texas.gov

Figure 207. Payment tab

Clicking on 'Next' button will display below page.

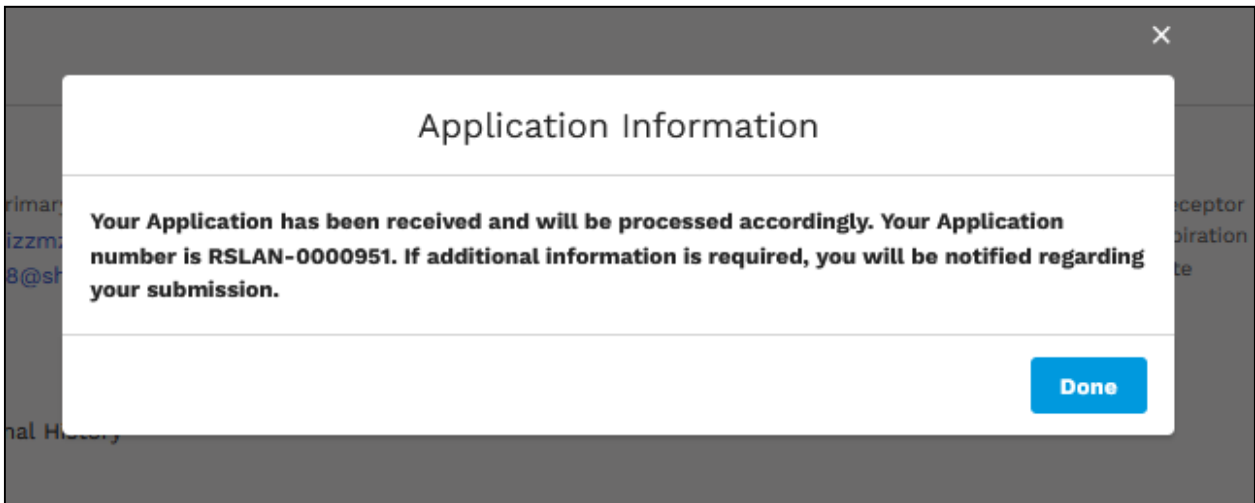


The screenshot shows a progress bar at the top with seven green segments, each containing a white checkmark. The final segment on the right is a blue button labeled 'Submit'. Below the progress bar, a message reads: 'You must click the submit button to complete the application process.' At the bottom of the form, there are four buttons: 'Previous' (disabled), 'Submit' (active), 'Cancel' (disabled), and 'Withdraw' (disabled).

Figure 208. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.

*Note: 'Submit' button will be disabled if payment was not made.*



The screenshot shows a modal window titled 'Application Information'. The text inside reads: 'Your Application has been received and will be processed accordingly. Your Application number is RSLAN-0000951. If additional information is required, you will be notified regarding your submission.' A blue 'Done' button is located at the bottom right of the modal.

Figure 209. Confirmation tab

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**



## 4.10. Renewal Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to below page.

*Note: This application is applicable to applicants who are licensed and who hold an 'Active' or 'Inactive' professional license with State of Texas.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'No' for question 'Do you want to start a Name Change Application?'
3. Select 'Nursing Facility Administrator (NFA)' for question 'Please select a Licensure type to start an application'
4. Select 'Renewal Application' for question 'Please select an application'
5. Click 'Next' to view the application

*Note: Fields marked with \* are required.*

After you click next, system will display below page to review or edit your information.

Personal Inform...
Acknowledgement...
Continuing Educ...
Attestation for ...
Military Provision
Documents
Deficiencies
Summary
Payment
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
ZipCode	12345-1164
Method of Communication (Fingerprinting)	Email

Next
Save
Cancel
Withdraw

Figure 210. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the link/button 'Click here' will display below page.

### Profile Information

#### Profile Information

First Name  
New

Middle Name  
First Name New Middle Name New Last

Last Name  
Name

SSN  
123-45-1234

\* Phone

Alternate Phone

\* Address Line1

Address Line2

\* City

\* State

\* ZipCode

\* Method of Communication for Fingerprinting

Figure 211. Update Personal information page

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

**Personal Inform...** Acknowledgeme... Continuing Educ... Attestation for ... Military Provision Documents Deficiencies Summary Payment Submit

**Profile Acknowledgement** [Add Deficiencies](#)

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

**Personal Information** [Add Deficiencies](#)

First Name	New
Middle Name	First Name New Middle Name New Last
Last Name	Name
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
Zip Code	12345-1164
Method of Communication (Fingerprinting)	Email

[Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure 212. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Acknowledgement' tab in a multi-step application process. The top navigation bar includes tabs: Acknowledgement (active), Continuing Educ..., Attestation for ..., Military Provision, Documents, Deficiencies, Summary, Payment, and Submit. The Acknowledgement section contains two required checkboxes:

- ☐ I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application
- ☐ I understand that I must submit all official college transcripts needed in order to apply for a license.

An 'Add Deficiencies' button is located in the top right corner. At the bottom, there are five buttons: Previous, Next, Save, Cancel, and Withdraw.

Figure 213. Acknowledgement tab

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Continuing Education' tab. The top navigation bar is the same as Figure 213, with 'Continuing Educ...' now active. The main content area includes:

- A title 'Continuing Education' and an 'Add Deficiencies' button.
- A table with the following headers: Id, NAB/HHSC Course, Course Number, Sponsor Name, CEU Status, and Delete.
- Instructions: 'Please make sure that the continuing education units for preceptor seminar training required for the preceptor certification have been updated in the system before submitting this application.' and 'Please attach all required training certificates for each CEU record, under the documents tab'.
- An '+ Add' button.
- A required checkbox: ☐ All Relevant CEU's completed have been updated

At the bottom, the same five buttons (Previous, Next, Save, Cancel, Withdraw) are present.

Figure 214. Continuing Education tab

Click on the button 'Add' to add continuing education information.

### Add CEU

\* Continuing Education Course Code

--None--
▼

Course Number

Course Name

Total CEU

Ethics CEU

Sponsor Name

Date Completed

📅

Transcript

📁
Upload Files

Or drop files

CEU Status

--None--
▼

Comments

Cancel

Save

Figure 215. Add Continuing Education page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Clicking on 'Save' button will save the record, clicking on 'Cancel' button will not save the record and will take the user back to work history tab.

Clicking on 'Save' button will display below page.

The screenshot shows the 'Continuing Education' tab in the NFA Licensing System. The top navigation bar includes tabs for 'Continuing Educ...', 'Attestation for A...', 'Military Provision', 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. The 'Continuing Education' tab is active, showing a table with columns: Id, NAB/HHSC Course, Course Number, Sponsor Name, CEU Status, and Delete. Two records are listed: 116926 and 117451, both for 'NAB Course' with course number '20211011-18-A70683-DL' and sponsor 'chaSeminars'. Below the table, there is a note: 'Please make sure that the continuing education units for preceptor seminar training required for the preceptor certification have been updated in the system before submitting this application.' and another note: 'Please attach all required training certificates for each CEU record, under the documents tab'. A '+ Add' button is present. At the bottom, there is a checkbox labeled '\* All Relevant CEU's completed have been updated' and a row of buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Id	NAB/HHSC Course	Course Number	Sponsor Name	CEU Status	Delete
116926	NAB Course	20211011-18-A70683-DL	chaSeminars		
117451	NAB Course	20211011-18-A70683-DL	chaSeminars		

Figure 216. Continuing Education tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Attestation for Application' tab in the NFA Licensing System. The top navigation bar includes tabs for 'Continuing Educ...', 'Attestation fo...', 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. The 'Attestation fo...' tab is active, showing a form with the following fields: '\* I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification' (with a checkbox), '\* Signature - Applicant' (with a text input field), and '\* Date' (with a date picker showing 'Oct 4, 2021'). At the bottom, there is a row of buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 217. Attestation for Application tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Military Provision' tab in the NFA Licensing system. The top navigation bar includes tabs for 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', 'Payment 2', and 'Submit'. The 'Military Provision' tab is active. Below the navigation bar, there is a section titled 'Military Provision' with a sub-header 'Do you think qualify for a Military Provision?'. A dropdown menu is set to 'No'. Below this, there is a paragraph of text explaining that military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge and experience. Military spouses of current, active duty military service members also may have met some licensing requirements related to this status. Modifications to renewal requirements may also be available for some military service members on active duty. Below this paragraph, there is a sentence: 'If you selected yes and are interested in applying under a military provision, please contact the following programs via email to see if you meet requirements:'. Below this sentence, there is a list of three email addresses: 'Nursing Facility Administrator, NFA\_Licensing\_Program@hhs.texas.gov', 'Nurse Aide Registry, NurseAideRegistry@hhs.texas.gov', and 'Medication Aide Program, Medication\_Aide\_Program@hhs.texas.gov'. At the bottom of the form, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 218. Military Provision tab

Clicking on 'Next' button will display below page.

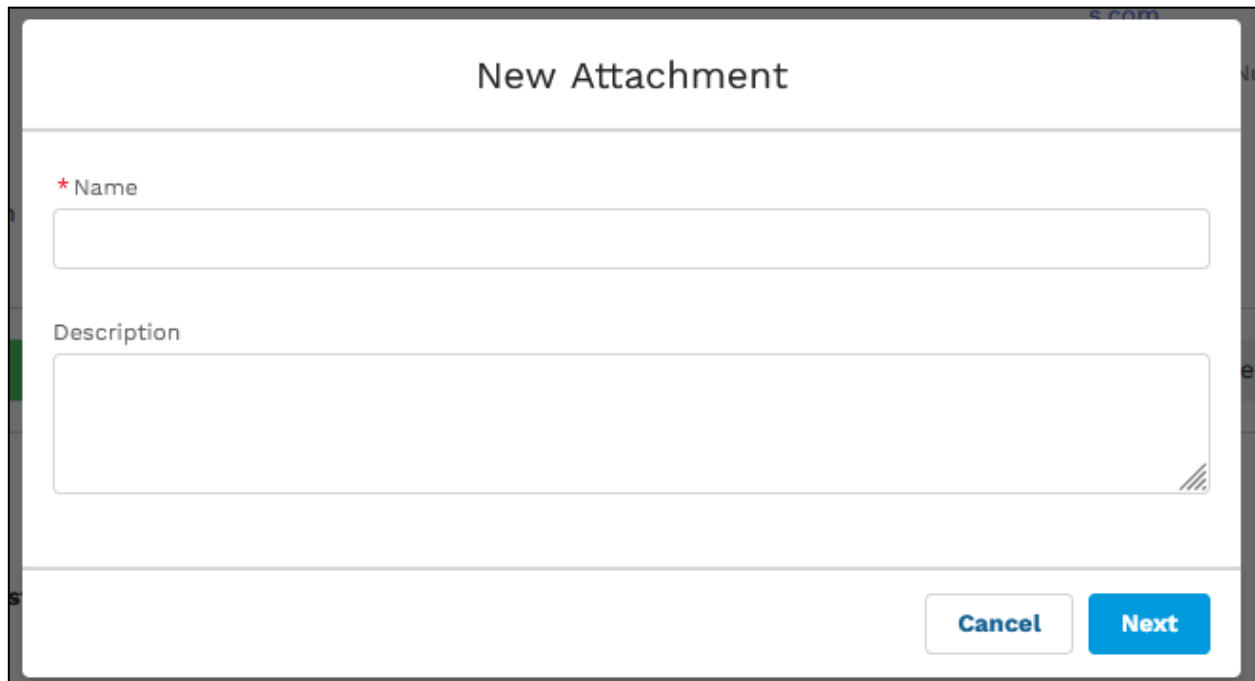
The screenshot shows the 'Document(s)' tab in the NFA Licensing system. The top navigation bar includes tabs for 'Military Provis...', 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. The 'Documents' tab is active. Below the navigation bar, there is a section titled 'The applicant must upload the following document(s) for this application:'. Below this title, there is a list of two items: '1.) Military person/Spouse supporting Documentation (for applicants who qualify for a Military Provision)' and '2.) Please use the "Add Additional Attachment" button to attach any additional documents.' To the right of this list, there is a button labeled '+ Add Additional Attachment'. Below the list, there is a section titled 'Military person/Spouse supporting Documentation'. To the right of this section, there are buttons for 'Add Deficiency' and 'Delete'. Below this section, there is a section titled 'Upload Attachments'. Below this title, there is a button labeled 'Upload Files' and a text label 'Or drop files'. At the bottom of the form, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 219. Document(s) tab

This page allows applicants to upload files or drag and drop files into pre-provided documents list.

To upload additional attachments, click on button 'Add Additional Attachment' to display the following page:

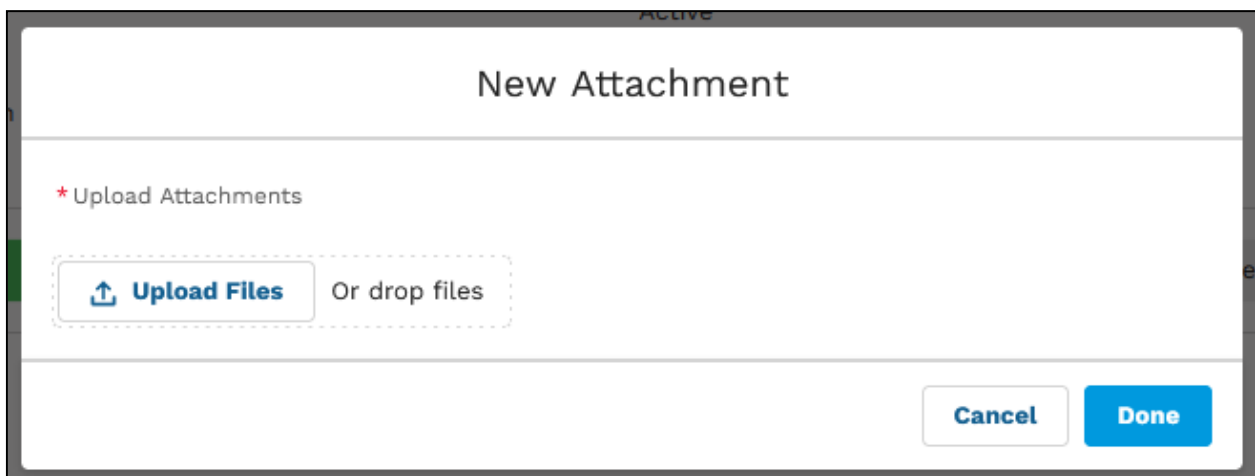




The screenshot shows a web form titled "New Attachment". It has two input fields: "Name" (marked with a red asterisk) and "Description". At the bottom right, there are two buttons: "Cancel" and "Next".

Figure 220. Add new additional attachment page

Enter attachment name, description and click next to display the following page:



The screenshot shows the same "New Attachment" form, but now it has an "Upload Attachments" section (marked with a red asterisk). This section contains a dashed box with an "Upload Files" button (with an upload icon) and the text "Or drop files". At the bottom right, the buttons are "Cancel" and "Done".

Figure 221. Upload Attachment page

Upload attachment or drag and drop attachment and click on 'Done' button to return to documents tab or click on 'Cancel' button to cancel and go back to documents tab.

Clicking on 'Next' button will display below page.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Deficiencies Summary Payment Submit

**Error in Item: 2. Profile Acknowledgement** [Go to Step](#)

Description  
**Error On To the best of my knowledge, all the personal information provided under this profile is correct.**

**Error in Item: 3. Acknowledgement** [Go to Step](#)

Description  
**Error On I understand that I must pass a fingerprint based FBI criminal history check before the Texas Health and Human Services Commission (HHSC) can approve my application**

**Error in Item: 5. Continuing Education** [Go to Step](#)

Description  
**Error On Preceptor seminar CEUs completed have been updated**

Previous Next **Save** **Cancel** Withdraw

Figure 222. Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency, address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.

TEXAS Health and Human Services

Print

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Name	5/1/2000	ohxe4k+8pr7l2408f@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Licensure Type: Nursing Facility Administrator (NFA) Application Type: NFA - Renewal

Summary Payment Submit

**Review Information**

Profile Acknowledgement

To the best of my knowledge, all the personal information provided under this profile is correct.

☐

Personal Information

Previous Next **Save** **Cancel** Withdraw

Figure 223. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

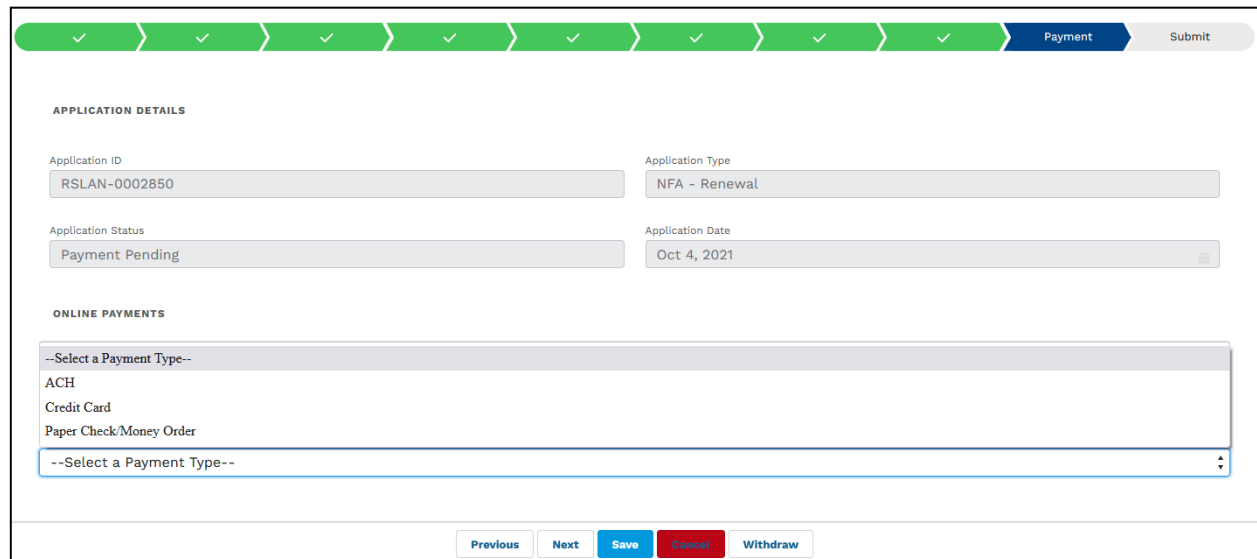


Figure 224. Payment tab

If you do not qualify for military provision, you can pay for the application using one of the three available payment types

1. ACH
2. Credit Card
3. Paper Check/Money Order

Please refer to section '5.4 Payments' for steps on how to make payment and return to application to submit the application.

After you complete the payment, click on 'Next' button to proceed to below page.

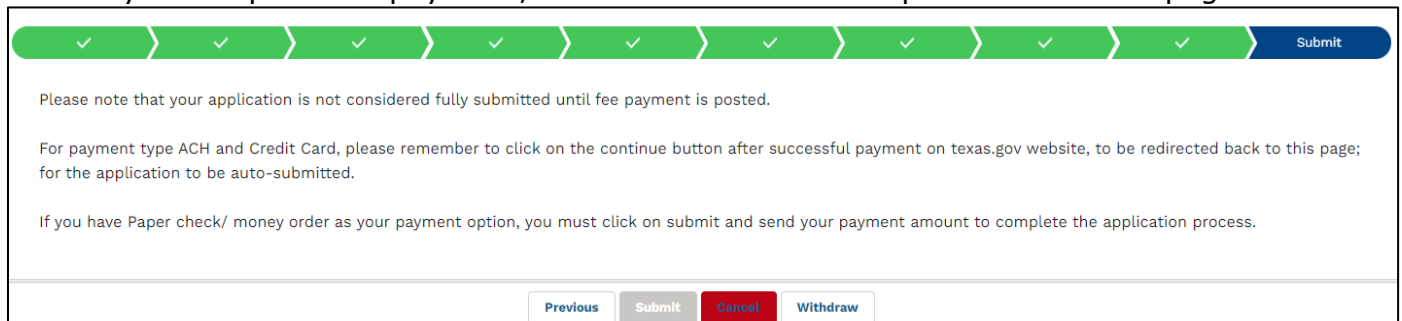


Figure 225. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.

*Note: 'Submit' button will be disabled if payment was not made.*

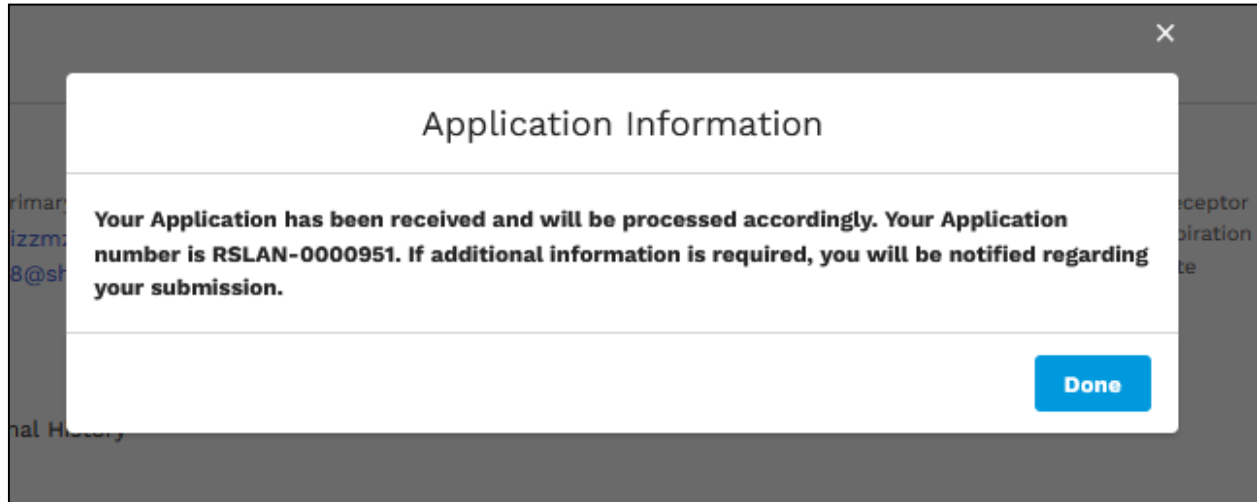


Figure 226. Confirmation tab

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!!!**

## 4.11. Name Change Application

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to the following page:

*Note: This application is applicable to applicants who are licensed and who hold an 'Active' professional license with State of Texas.*

To create and submit this application, please follow below steps.

1. Select 'No' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'
2. Select 'Yes' for question 'Do you want to start a Name Change Application?'
3. Select 'Name Change Application' for question 'Please select an application?'
4. Click 'Next' to view the application.

After you click next, system will display below page to enter your information.

**TEXAS**  
Health and Human  
Services

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New	Middle Name New	5/1/2000	Ovk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Licensure Type: Nursing Facility Administrator (NFA)  
Application Type: Name Change

**Progress Bar:** Personal Information (Active) | Attestation | Documents | Deficiencies | Payment | Summary | Submit

**Personal Information**

\* New First Name:

New Middle Name:

\* New Last Name:

Buttons: Back, Next, Save, Cancel, Withdraw

Figure 227. Personal information tab

Enter your information and click next to display the following page:

The screenshot shows the 'Attestation' tab in a multi-step process. The progress bar at the top has 'Attestation' highlighted in blue, with other steps like 'Documents', 'Deficiencies', 'Payment', 'Summary', and 'Submit' in grey. The main content area is titled 'Attestation Acknowledgement' and contains a checkbox for acknowledgment, a signature field, and a date field. A 'Back' button is visible at the bottom left, and 'Next', 'Save', 'Cancel', and 'Withdraw' buttons are at the bottom right.

Attestation Acknowledgement

☐ I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification

\* Signature - Applicant

\* Date

Back Next Save Cancel Withdraw

Figure 228. Attestation for Application tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Documents' tab. The progress bar at the top has 'Documents' highlighted in blue. The main content area is titled 'Please submit supporting documentation of name change such as final divorce decree or marriage license.' and contains two sections for uploading documents. Each section has an 'Upload Files' button and a 'This document is required' message. A 'Back' button is visible at the bottom left, and 'Next', 'Save', 'Cancel', and 'Withdraw' buttons are at the bottom right.

Please submit supporting documentation of name change such as final divorce decree or marriage license.

Copy of picture ID showing new name

Upload Attachments test

Upload Files Or drop files

This document is required

Name change application supporting documents

Upload Attachments test

Upload Files Or drop files

This document is required

Back Next Save Cancel Withdraw

Figure 229. Document(s) tab

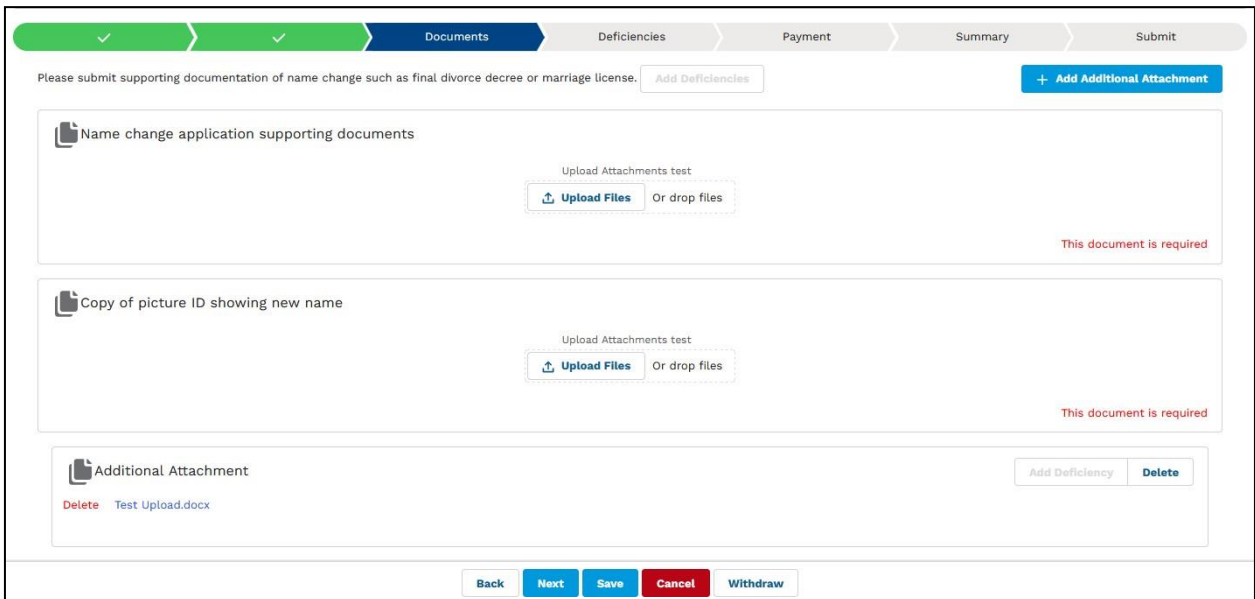
To upload attachments, click on button 'Add Additional Attachment' to see below page.



The form is titled "New Attachment". It contains two main input fields: a text field labeled "\* Name" and a larger text area labeled "Description". At the bottom right of the form, there are two buttons: "Cancel" and "Save".

Figure 230. Add new additional attachment page

Enter attachment name and description and click save to display the following page:



The interface shows a progress bar at the top with steps: Documents (active), Deficiencies, Payment, Summary, and Submit. Below the progress bar, there is a message: "Please submit supporting documentation of name change such as final divorce decree or marriage license." and a button "Add Deficiencies". To the right of this message is a button "+ Add Additional Attachment".

There are three main sections for document uploads:

- Name change application supporting documents:** Includes an "Upload Attachments test" button and an "Upload Files" button. A red message "This document is required" is displayed.
- Copy of picture ID showing new name:** Includes an "Upload Attachments test" button and an "Upload Files" button. A red message "This document is required" is displayed.
- Additional Attachment:** Shows a list of attachments with a "Delete" button and a "Test Upload.docx" link. There are also "Add Deficiency" and "Delete" buttons.

At the bottom, there is a navigation bar with buttons: "Back", "Next", "Save", "Cancel", and "Withdraw".

Figure 231. Document(s) tab

Click next to display the following page: System will display deficiencies if any of the required fields or information is not entered.

The screenshot shows the 'Deficiencies' tab in the NFA Licensing system. At the top, a progress bar indicates the current step is 'Deficiencies', with previous steps marked with green checkmarks and subsequent steps ('Payment', 'Summary', 'Submit') in grey. Below the progress bar, there are four error messages, each with a red circle icon containing a white 'X'. Each message includes a 'Go to Step' button. The errors are:

- Error in Item: 1. Name Change  
Description  
**Error On Name Change**
- Error in Item: 2. Attestation Acknowledgement  
Description  
**Error On Attestation Acknowledgement**
- Error in Item: 3. Documents  
Description  
**Error On Name change application supporting documents**
- Error in Item: 3. Documents  
Description  
**Error On Copy of picture ID showing new name**

At the bottom of the screen, there is a navigation bar with buttons: 'Back' (grey), 'Next' (blue), 'Save' (blue), 'Cancel' (red), and 'Withdraw' (grey).

Figure 232. Deficiencies tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Payment' tab in the NFA Licensing system. The progress bar at the top shows the current step is 'Payment', with previous steps marked with green checkmarks and subsequent steps ('Summary', 'Submit') in grey. Below the progress bar, a message states: "This application does not require payment, please proceed to the next step." Below this message is a large empty rectangular area. At the bottom of the screen, there is a navigation bar with buttons: 'Back' (grey), 'Next' (blue), 'Save' (blue), 'Cancel' (red), and 'Withdraw' (grey).

Figure 233. Payment tab

*Note: This application does not require payment.*

Clicking on 'Next' button will display below page.



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Summary' tab of the NFA Licensing Application. At the top left is the Texas Health and Human Services logo. A 'Print' button is in the top right. Below the logo is the 'Applicant Information' section, which contains a table with the following data:

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New Middle Name New Last	Name	5/1/2000	ohxe4k+8pr7l2408f Ovk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Below the table, there are two fields: 'Licensure Type' (Nursing Facility Administrator (NFA)) and 'Application Type' (Name Change). A progress bar with seven steps is shown, with the 'Summary' step highlighted in blue. Below the progress bar is the 'Review Information' section, which includes fields for 'New First Name', 'New Middle Name', and 'New Last Name'. Below that is the 'Attestation Acknowledgement' section, which contains a checkbox and the text: 'I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. Below this is a 'Signature - Applicant' field. At the bottom are buttons for 'Back', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 234. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Submit' tab of the NFA Licensing Application. At the top is a progress bar with seven steps, with the 'Submit' step highlighted in blue. Below the progress bar is a message: 'You must click the submit button to complete the application process.' Below this is a paragraph of text: 'With a few exceptions, you have the right to request and be informed about the information that HHSC obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, contact the Regulatory Services Nurse Aide Training Program at 512-438-2017.' Below this is a 'Signature - Applicant' field. At the bottom are buttons for 'Back', 'Submit', 'Cancel', and 'Withdraw'.

Figure 235. Submit tab

*Note: Submit button will be disabled if deficiencies have not been cleared for application.*

Clicking on 'Submit' button will display below confirmation page with application number.

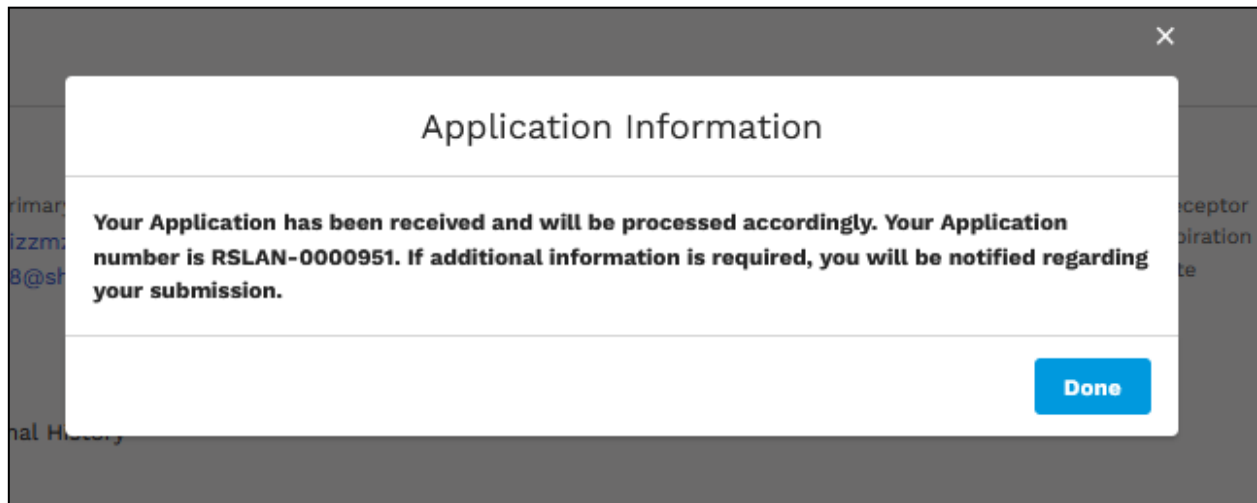


Figure 236. Confirmation page

Click on 'Done' to exit to home page.

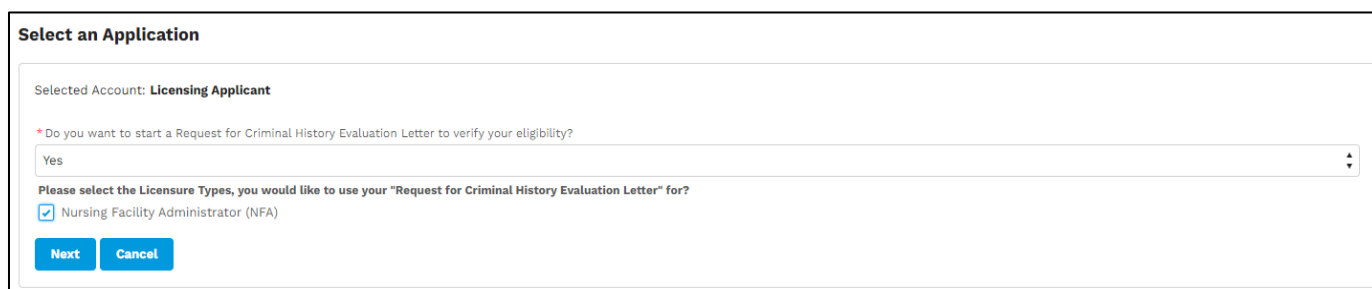
**Your application has been successfully submitted!!!**

## 4.12. Request for Criminal History Evaluation Letter

If you believe you have a criminal history record that may make you ineligible to have a license then you should, Request for Criminal History Evaluation Letter.

Please go to section [4. Nursing Facility Administrator Applications](#) for steps on how to get to the following page:

To request for criminal history evaluation letter, please select 'yes' for question 'Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?'. System will display below page.



Select an Application

Selected Account: **Licensing Applicant**

\* Do you want to start a Request for Criminal History Evaluation Letter to verify your eligibility?

Yes

Please select the Licensure Types, you would like to use your "Request for Criminal History Evaluation Letter" for?

☒ Nursing Facility Administrator (NFA)

Next Cancel

Figure 237. Select an Application page

Select your licensure type and click 'Next' button to display the following:

*Note: Fields marked with \* are required.*

Personal Information
Questionnaire
Acknowledgement
Attestation for Application
Deficiencies
Summary
Submit

Profile Acknowledgement
Add Deficiencies

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information
Add Deficiencies

First Name	New
Middle Name	First Name New Middle Name New Last
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
Method of Communication (Fingerprinting)	Email

Next
Save
Cancel
Withdraw

Figure 238. Personal information tab

Please review the information and acknowledge by clicking the check box or click on the button 'Click here' to update the information such as Gender, Phone Numbers, Mailing address and preferred method of communication.

Clicking on the 'Click here' button will display below page.

**Profile Information**

First Name  
First

Middle Name

Name Last Name  
Last Name  
0522

SSN  
121-21-2121

\* Gender  
Male

\* Phone  
1111111111

Alternate Phone  
2222222222

\* Primary Email  
oizzmz+556wq39cxv458@sharklasers.com

\* Mailing Street  
101 Test Streett

Apt Number  
101

\* Mailing City  
Austinn

\* Mailing State  
TX

\* Mailing ZipCode  
11111

\* Method of Communication for Fingerprinti  
--None--

**Save Profile** **Cancel**

Figure 239. Update Personal information page

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

Click on button 'save profile' to save the updates and go back to 'personal information' tab or click on 'Cancel' button to exit to 'personal information' tab without saving the information.

Personal Information   Questionnaire   Acknowledgement   Attestation for Application   Deficiencies   Summary   Submit

Profile Acknowledgement [Add Deficiencies](#)

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information [Add Deficiencies](#)

First Name	New
Middle Name	First Name New Middle Name New Last
Date of Birth (DOB)	5/1/2000
SSN	123-45-1234
Gender	Male
Primary Email	ohxe4k+8pr7l2408f0vk@sharklasers.com
Phone	(111) 111-1111
Alternate Phone	(222) 222-2223
Address Line1	TEST new
Address Line2	1001
City	newyork1
State	TN
Method of Communication (Fingerprinting)	Email

[Next](#) [Save](#) [Cancel](#) [Withdraw](#)

Figure 240. Personal information tab

Click on 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Questionnaire' tab selected in the top navigation bar. The main content area is titled 'Questionnaire' and includes an 'Add Deficiencies' button in the top right. Below the title, there are two columns: 'Available' and 'Chosen'. The 'Available' column contains a single item: 'Nursing Facility Admi...'. The 'Chosen' column is empty. To the right of these columns is a text input field with the placeholder text: 'I will enroll, am enrolled in an educational program, or I plan to take the examination for an initial:'. Below this, there is a text input field with the placeholder text: 'I believe that I am ineligible for a license because of my conviction or deferred adjudication for the following felony or misdemeanor offenses:'. At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 241. Questionnaire tab

Click on 'Previous' button to go to previous tab, 'Next' button to proceed to next tab, 'Save' button to save the information entered on this tab, 'Cancel' button to exit the application and go to home page or 'withdraw' button to withdraw the application and not submit it.

Clicking on 'Next' button will display below page.

The screenshot shows the 'Acknowledgment' tab selected in the top navigation bar. The main content area is titled 'Criminal History Letter Acknowledge' and includes an 'Add Deficiencies' button in the top right. Below the title, there are two checkboxes with associated text. The first checkbox is labeled with an asterisk and the text: 'I request a criminal history evaluation letter determining whether I am eligible for a license based on the criminal history I have provided. I understand that the evaluation letter may not address evidence I do not disclose on this request or evidence that was not reasonably available to HHSC at the time of my request, and that the letter will not address other eligibility requirements.' The second checkbox is also labeled with an asterisk and the text: 'I understand there will be a fingerprinting based criminal background check linked to this request the results of which will be used while reviewing license application requirements'. Below these checkboxes, there is a text input field with the placeholder text: 'Allow two weeks for processing'. At the bottom of the form, there are five buttons: 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 242. Acknowledgment tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Attestation for Application' tab in a web application. At the top, a progress bar has four green checkmarks followed by the 'Attestation for Application' tab, which is highlighted in blue. Other tabs include 'Deficiencies', 'Summary', and 'Submit'. The main content area is titled 'Attestation for Application' and contains a checkbox for 'I Acknowledge - The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my certification'. Below this is a text input field for 'Signature - Applicant' and a date input field showing 'Oct 4, 2021'. At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 243. Attestation for Application tab

Clicking on 'Next' button will display below page.

The screenshot shows the 'Deficiencies' tab in the web application. The progress bar now has five green checkmarks, and the 'Deficiencies' tab is highlighted in blue. The main content area lists three errors, each with a red circle icon, a description, and a 'Go to Step' button. The errors are: 'Error in Item: 2. Profile Acknowledgement' with description 'Error On To the best of my knowledge, all the personal information provided under this profile is correct.', 'Error in Item: 4. Criminal History Letter Acknowledge' with description 'Error On I understand there will be a fingerprinting', and 'Error in Item: 4. Criminal History Letter Acknowledge' with description 'Error On I request a criminal history'. At the bottom, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', and 'Withdraw'.

Figure 244. Deficiencies tab

System will automatically display the deficiencies on this tab. Please review the deficiencies and click on 'Go to Step' button and system will automatically take you to the deficiency. Address the deficiencies and come back to the 'Deficiencies' tab.

If you do not have any deficiencies to address, please click on 'Next' button to proceed to below page.



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

**TEXAS Health and Human Services**

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	First Name New Middle Name New Last	Name	5/1/2000	ohxe4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Licensure Type: All  
Application Type: Request for Criminal History Evaluation Letter

Progress bar: 1. ✓ 2. ✓ 3. ✓ 4. ✓ 5. ✓ 6. Summary

**Review Information**

**Profile Acknowledgement**

☐ To the best of my knowledge, all the personal information provided under this profile is correct.

**Personal Information**

First Name: New  
Middle Name: First Name New Middle Name New Last  
Date of Birth: 5/1/2000

Buttons: Previous, Next, Save, Cancel, Withdraw

Figure 245. Summary tab

Click on 'Print' button to print the application.

Clicking on 'Next' button will display below page.

**TEXAS Health and Human Services**

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
First Name	Name	0522	5/1/2000	oizzmz+556wq39cxv458@sharklasers.com	111111	Active	222	Active				Prospective	

Licensure Type: All  
Application Type: Request for Criminal History Evaluation Letter

Progress bar: 1. ✓ 2. ✓ 3. ✓ 4. ✓ 5. ✓ 6. Submit

You must click the submit button to complete the application process.

Buttons: Previous, Submit, Cancel, Withdraw

Figure 246. Submit tab

Clicking on 'Submit' button will display below confirmation page with application number.

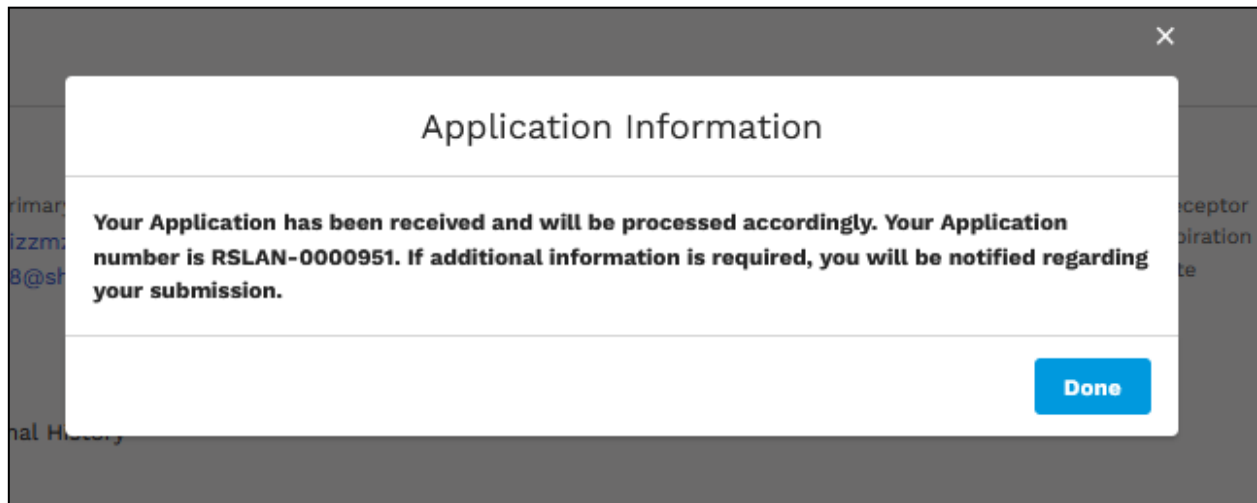


Figure 247. Confirmation page

Click on 'Done' to exit to home page.

**Your application has been successfully submitted!**

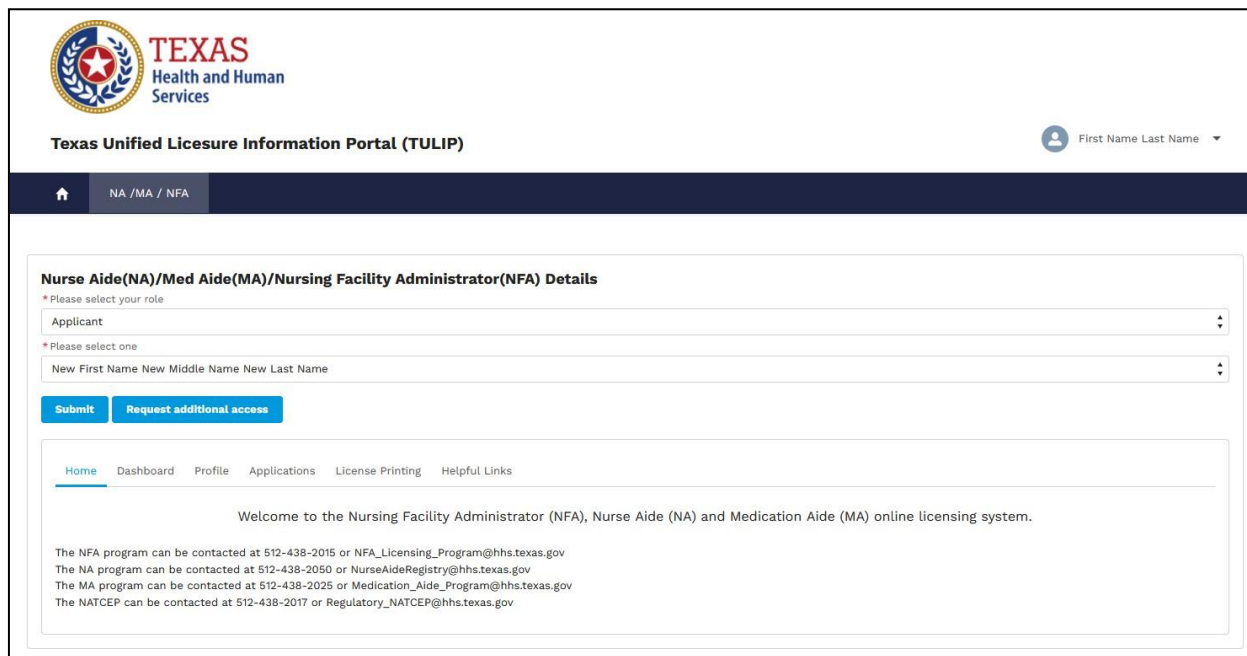
## 5. Other Information

### 5.1. Withdrawing an application

This section is applicable to applicants who want to withdraw their incomplete applications or applications which have not been submitted.

To withdraw an application, please follow below steps.

Go to NA/MA/NFA tab and select your role as 'Applicant' and select the applicant name to display the following page:



The screenshot displays the Texas Unified Licensure Information Portal (TULIP) interface. At the top left is the Texas Health and Human Services logo. The header includes the text "Texas Unified Licensure Information Portal (TULIP)" and a user profile dropdown labeled "First Name Last Name". A dark blue navigation bar contains a home icon and the tabs "NA / MA / NFA". The main content area is titled "Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details". It features two dropdown menus: the first for selecting a role (currently showing "Applicant") and the second for selecting an applicant by name (showing "New First Name New Middle Name New Last Name"). Below these are "Submit" and "Request additional access" buttons. A secondary navigation bar includes links for "Home", "Dashboard", "Profile", "Applications", "License Printing", and "Helpful Links". The "Home" link is active. The main content area contains a welcome message and contact information for the NFA, NA, MA, and NATCEP programs.

Figure 248. Applicant home page

Click on the Applications' tab to display the following page:

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**

\* Please select your role  
Applicant

\* Please select one  
New First Name New Middle Name New Last Name

**Submit** **Request additional access**

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

**Credentialing Applications**  
All Applications

5+ Items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

**New Credentialing Application**

Search this list...

	RS Licensing ...	L...	FI...	N...	Date...	Application Type	Licensure Type	Applic...	Last Modified By	Last Modifie...	M...	N...
1	RSLAN-0002862	Name	New	1234	10/7/2021	Name Change	Med Aide (MA)	Incomplete	First Name Last Na...	10/7/2021 7:38 ...	1234...	
2	RSLAN-0002859	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 11:00 ...	1234...	
3	RSLAN-0002858	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 10:58...	1234...	
4	RSLAN-0002857	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 11:07 ...	1234...	
5	RSLAN-0002856	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 2:06 ...	1234...	

Load More

Figure 249. Applications page

Applications tab will display a button called 'New Credentialing Application' to create new applications and also display previously submitted applications by you.

Select an application from the list or click on 'load more' to see more applications.

Click on application number (example RSLAN-0000000) to open an application which is in 'Incomplete' status. Application will be displayed as shown below.

**TEXAS**  
Health and Human Services

**Applicant Information**

First Name	Middle Name	Last Name	Date of Birth	Primary Email	NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	Preceptor Status	Preceptor Expiration Date	NFA License Number	NFA License Status	License Expiration Date
New	Middle Name New	Last	5/1/2000	ohve4k+8pr7l2408f0vk@sharklasers.com	1234	Prospective	123456	Active	Prospective			Active	

Licensure Type: Med Aide (MA) Application Type: Name Change

**Personal Information** Attestation Documents Deficiencies Payment Summary Submit

**Personal Information** Add Deficiencies

\* New First Name

New Middle Name

\* New Last Name

**Back** **Next** **Save** **Cancel** **Withdraw**

Figure 250. Application page

Clicking on the 'Withdraw' button will display below page.

The screenshot shows the Texas Health and Human Services applicant portal. A modal dialog box is displayed in the center, asking for confirmation to withdraw the application RSLAN-0002862. The dialog box has an 'OK' button and a 'Cancel' button. The background shows the applicant's information, including name, date of birth, primary email, and application type (Name Change). The 'Withdraw' button is highlighted in the bottom navigation bar.

Figure 251. Withdraw confirmation page

Click on 'Ok' button to continue or click on 'Cancel' button to cancel and go back to application page.

Clicking on the 'Ok' button will display below confirmation message and withdraw the application.



Figure 252. Withdraw confirmation message page


Click on 'NA/MA/NFA' tab to go back to applicant home page.



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**  
\* Please select your role  
Applicant  
\* Please select one  
New First Name New Middle Name New Last Name  
  
Submit Request additional access

Home Dashboard Profile Applications License Printing Helpful Links

**Click on Application ID in order to continue with the application process or to check the status.**

 Credentialing Applications  
All Applications

New Credentialing Application  
Search this list...  

5+ items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a minute ago

	RS Licensing ...	L...	FL...	N...	Date...	Application Type	Licensure Type	Applic...	Last Modified By	Last Modifie...	M...	N...
1	RSLAN-0002862	Name	New	1234	10/7/2021	Name Change	Med Aide (MA)	Withdrawn	First Name Last Na...	10/7/2021 8:51 ...	1234...	
2	RSLAN-0002859	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 11:00 ...	1234...	
3	RSLAN-0002858	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 10:58...	1234...	
4	RSLAN-0002857	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 11:07 ...	1234...	
5	RSLAN-0002856	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 2:06 ...	1234...	

Load More

Figure 253. Applications page

## 5.2. Addressing a deficiency cited by HHS staff

This section is applicable to applicants whose application was cited a deficiency by HHS staff.

To address a deficiency on application, please follow below steps.

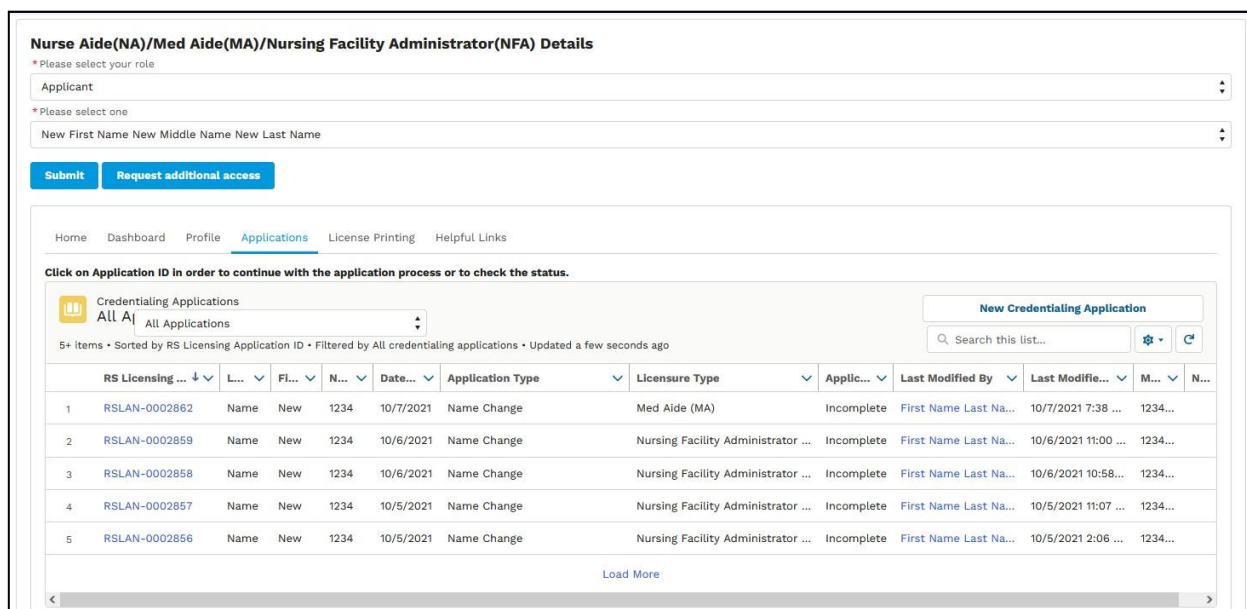
Go to NA/MA/NFA tab and select your role as 'Applicant' and select the applicant name to display the following page: (see Figure 254).

The screenshot displays the Texas Unified Licensure Information Portal (TULIP) interface. At the top left is the Texas Health and Human Services logo. To its right, the text 'Texas Unified Licensure Information Portal (TULIP)' is visible. Further right is a user profile icon with the text 'First Name Last Name'. Below this is a dark blue navigation bar with a home icon and the text 'NA / MA / NFA'. The main content area is titled 'Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details'. It contains two dropdown menus: the first is labeled '\* Please select your role' with 'Applicant' selected; the second is labeled '\* Please select one' with 'New First Name New Middle Name New Last Name' selected. Below these are two buttons: 'Submit' and 'Request additional access'. A horizontal navigation bar below the buttons includes links for 'Home', 'Dashboard', 'Profile', 'Applications', 'License Printing', and 'Helpful Links'. The 'Home' link is active. The main content area contains a welcome message: 'Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.' followed by contact information for the NFA, NA, MA, and NATCEP programs.

Figure 254. Applicant home page

Click the Applications' tab to display the following page (see Figure 255).

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants



**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**


\* Please select your role  
Applicant

\* Please select one  
New First Name New Middle Name New Last Name

[Submit](#) [Request additional access](#)

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

 Credentialing Applications  
All Applications

[New Credentialing Application](#)

5+ Items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

Search this list...

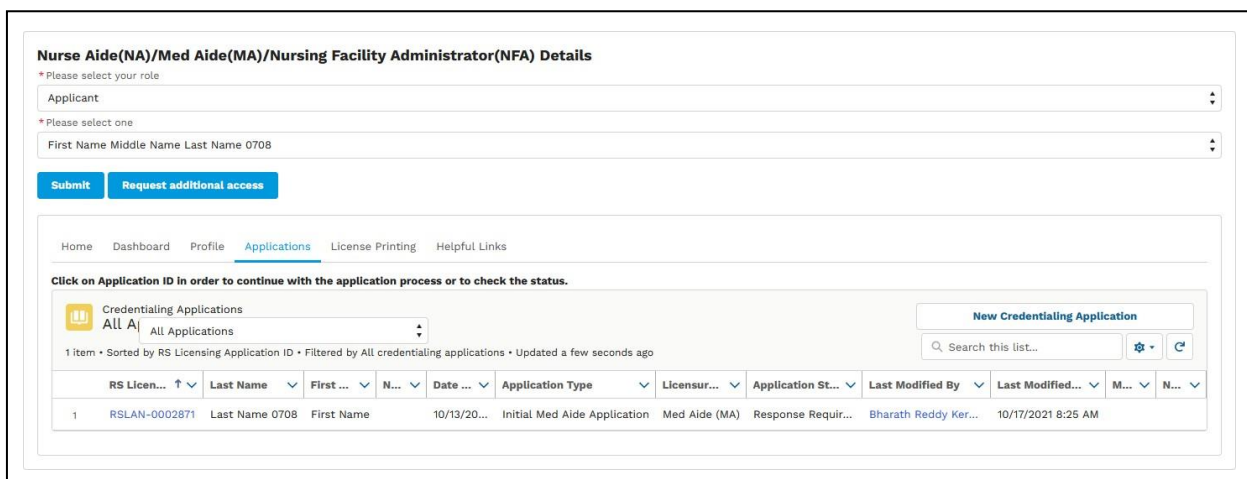
	RS Licensing ...	L...	FI...	N...	Date...	Application Type	Licensure Type	Applic...	Last Modified By	Last Modifie...	M...	N...
1	RSLAN-0002862	Name	New	1234	10/7/2021	Name Change	Med Aide (MA)	Incomplete	First Name Last Na...	10/7/2021 7:38 ...	1234...	
2	RSLAN-0002859	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 11:00 ...	1234...	
3	RSLAN-0002858	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 10:58...	1234...	
4	RSLAN-0002857	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 11:07 ...	1234...	
5	RSLAN-0002856	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 2:06 ...	1234...	

[Load More](#)

Figure 255. Applications page.

The applications tab will display all applications previously submitted by applicants.

Select the application for which deficiency was cited or application which is in 'Response Required' status.



**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**


\* Please select your role  
Applicant

\* Please select one  
First Name Middle Name Last Name 0708

[Submit](#) [Request additional access](#)

Home Dashboard Profile **Applications** License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

 Credentialing Applications  
All Applications

[New Credentialing Application](#)

1 item • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

Search this list...

	RS Licen...	Last Name	First ...	N...	Date ...	Application Type	Licensur...	Application St...	Last Modified By	Last Modified...	M...	N...
1	RSLAN-0002871	Last Name 0708	First Name		10/13/20...	Initial Med Aide Application	Med Aide (MA)	Response Requir...	Bharath Reddy Ker...	10/17/2021 8:25 AM		

Figure 256. Applications page.

Click on the application number to open the application (see Figure 257).



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Personal Information' tab of the NFA Licensing Applicant portal. At the top, there is a table with applicant details: First Name, Middle Name, Last Name (0708), Date of Birth (DOB) (7/1/2000), Primary Email (ovdrh9+e40c89eb2uihw@sharklase.rs.com), and Account Phone ((123) 456-7890). Below this, another table shows NA Certificate Number, NA Certificate Status (Prospective), MA Permit Number, MA Permit Status (Prospective), NFA License Number, and NFA License Status (Prospective). The 'Licensure Type' is 'Med Aide (MA)' and the 'Application Type' is 'Initial Med Aide Application'. A progress bar at the top indicates the current step is 'Personal In...' with a green checkmark. Below the progress bar, there is a 'Profile Acknowledgement' section with a checkbox and text: 'To the best of my knowledge, all the personal information provided under this profile is correct.' and a link to access the profile. Below this is a 'Personal Information' section with input fields for First Name and Middle Name. At the bottom, there are buttons for 'Next', 'Cancel', 'Save', and 'Withdraw'.

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	Account Phone
First Name	Middle Name	Last Name 0708	7/1/2000	ovdrh9+e40c89eb2uihw@sharklase.rs.com	(123) 456-7890

NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	NFA License Number	NFA License Status
	Prospective		Prospective		Prospective

Licensure Type: Med Aide (MA)  
Application Type: Initial Med Aide Application

Progress bar: Personal In... (checked), General St..., Experience..., Academic ..., Acknowled..., Attestation..., Military Pro..., Documents, Deficiencies, Summary, Payment, Submit

Profile Acknowledgement  
☒ To the best of my knowledge, all the personal information provided under this profile is correct.  
Any personal information related to the applicant can be viewed/updated in the profile section. Please [click here](#) to access the profile.

Personal Information  
First Name:   
Middle Name:   
First Name:   
Middle Name:

Buttons: Next, Cancel, Save, Withdraw

Figure 257. Personal Information tab.

Go to 'Deficiencies tab' to view deficiencies cited by HHS staff (see Figure 258).

The screenshot shows the 'Deficiencies' tab of the NFA Licensing Applicant portal. At the top, there is a table with applicant details: First Name, Middle Name, Last Name (0708), Date of Birth (DOB) (7/1/2000), Primary Email (ovdrh9+e40c89eb2uihw@sharklase.rs.com), and Account Phone ((123) 456-7890). Below this, another table shows NA Certificate Number, NA Certificate Status (Prospective), MA Permit Number, MA Permit Status (Prospective), NFA License Number, and NFA License Status (Prospective). The 'Licensure Type' is 'Med Aide (MA)' and the 'Application Type' is 'Initial Med Aide Application'. A progress bar at the top indicates the current step is 'Deficiencies' with a green checkmark. Below the progress bar, there is a 'Deficiency in Item Experience Documentation Form' section with a red circle and 'X' icon. The section includes a 'Resolved' status (No), 'Addressed by Provider' (No), and a 'Description' (Please correct typo in school name.). There are buttons for 'Add Comment', 'Mark as Addressed', and 'Go to Step'. Below this, there is a 'Portal Provided Comment' section. At the bottom, there are buttons for 'Previous', 'Next', 'Cancel', 'Save', and 'Withdraw'.

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	Account Phone
First Name	Middle Name	Last Name 0708	7/1/2000	ovdrh9+e40c89eb2uihw@sharklase.rs.com	(123) 456-7890

NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	NFA License Number	NFA License Status
	Prospective		Prospective		Prospective

Licensure Type: Med Aide (MA)  
Application Type: Initial Med Aide Application

Progress bar: [checked], [checked], [checked], [checked], [checked], [checked], [checked], [checked], [checked], [checked], [checked], Deficiencies (checked), Summary, Payment, Submit

Deficiency in Item Experience Documentation Form  
Resolved: No  
Addressed by Provider: No  
Description: Please correct typo in school name.  
Buttons: Add Comment, Mark as Addressed, Go to Step

Portal Provided Comment:

Buttons: Previous, Next, Cancel, Save, Withdraw

Figure 258. Deficiencies tab.

This page displays deficiencies related to the application.

Click the 'Go to Step' button to move to the Deficiency tab.

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Experience Documentation Form' with a red banner at the top stating: 'This section has deficiencies. Please navigate to Deficiency Tab for more information. Please correct typo in school name.' Below the banner, the form fields are as follows:

- \* Training School Name: Training Schoooooo Name (with red squiggly lines under the 'o's)
- \* Place of Employment: Place of Employment
- \* MA School Street: MA School Street
- School Street Line 2 (Optional):
- \* School City:

At the bottom of the form are buttons: Previous, Next, Cancel, Save, and Withdraw.

Figure 259. Deficiency cited tab.

Correct the deficiency then return to the Deficiency tab. Click the 'Mark as Addressed' button then repeat the above steps if there are any additional deficiencies cited (see Figure 260).

The system will change the value of 'Addressed by Provider' to 'Yes'.

The screenshot shows the 'Deficiencies' tab with a table of applicant information and a list of deficiencies.

First Name	Middle Name	Last Name	Date of Birth (DOB)	Primary Email	Account Phone
First Name	Middle Name	Last Name 0708	7/1/2000	ovdrh9+e40c89eb2uihw@sharklase.com	(123) 456-7890

NA Certificate Number	NA Certificate Status	MA Permit Number	MA Permit Status	NFA License Number	NFA License Status
	Prospective		Prospective		Prospective

Licensure Type	Application Type
Med Aide (MA)	Initial Med Aide Application

Below the tables is a progress bar with 11 steps, where the 11th step 'Deficiencies' is highlighted. Below the progress bar is a deficiency entry:

- Deficiency in Item Experience Documentation Form
- Resolved: No
- Addressed by Provider: Yes
- Description: Please correct typo in school name.
- Portal Provided Comment:

At the bottom of the form are buttons: Previous, Next, Cancel, Save, and Withdraw.

Figure 260. Deficiencies tab.

After all deficiencies have been addressed, the system will automatically resubmit the application.

Click on 'NA/MA/NFA' tab to return to the Licensing Applicant page.

## 5.3. Incomplete application validation

The system will display an error message to licensing applicants either when attempting to create one or more applications for same license type (NA, MA, NFA) or who already has a pending or an unapproved application for same license type.



Figure 261. Incomplete application validation error.

This validation was added to prevent applicants from submitting multiple applications for same license type. You can create additional applications for the same license type if there are no pending or unapproved applications associated with your profile.

## 5.4. Locked applications

An application is considered as locked if it is in one of the following statuses:

- Approved
- Denied
- Withdrawn
- In-review

When an application is in any of the above-mentioned statuses, applicants will only have limited access or no access to the application.

System will display a pop-up message as shown below:

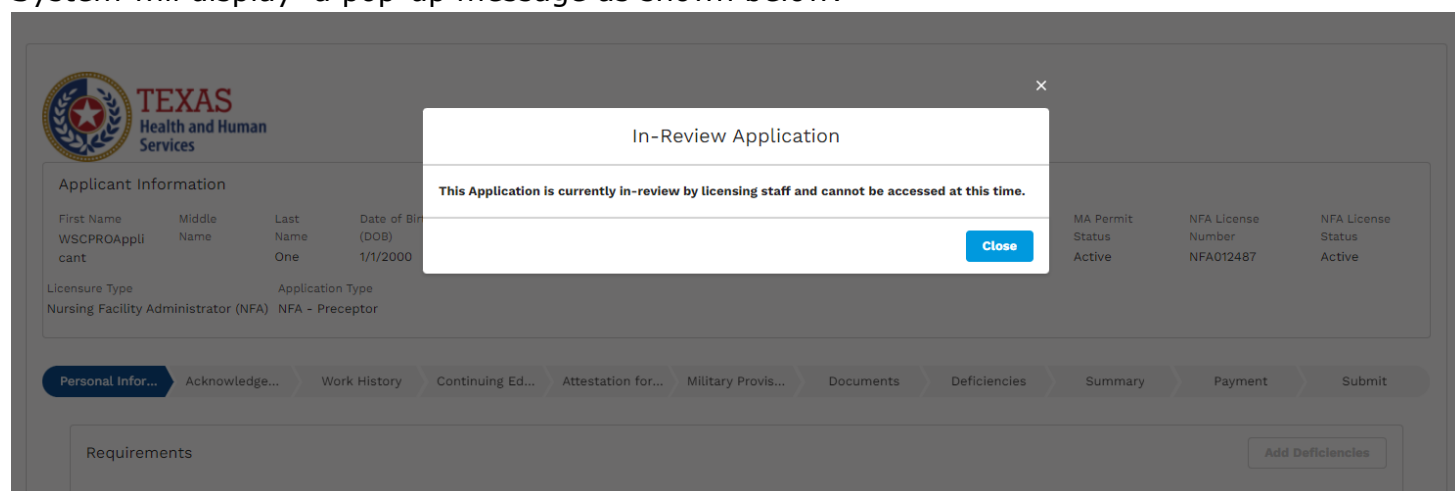


Figure 5.4A: In-Review Application

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

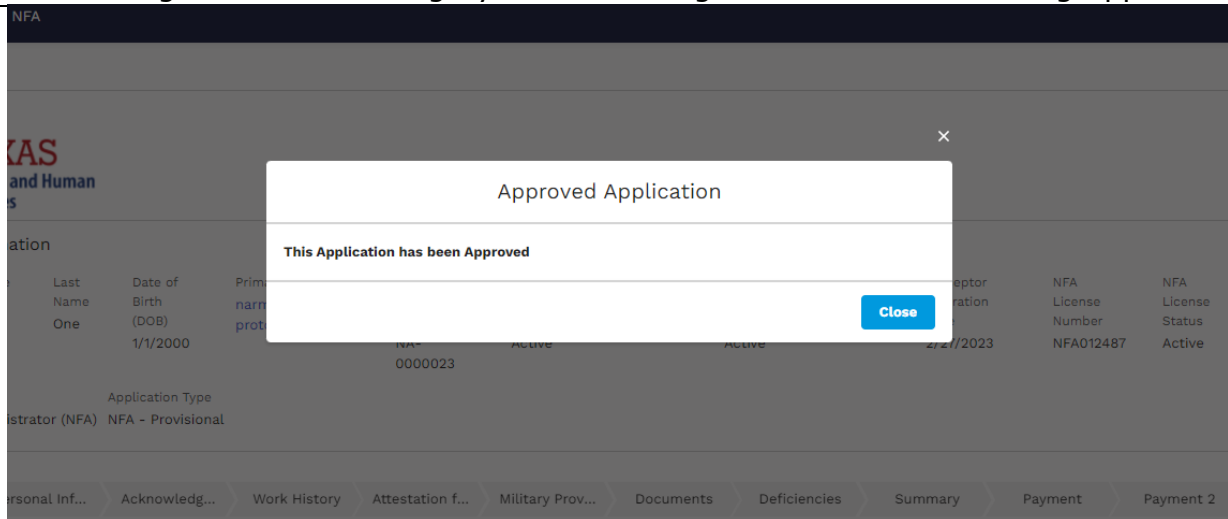


Figure 5.4B: Approved Application

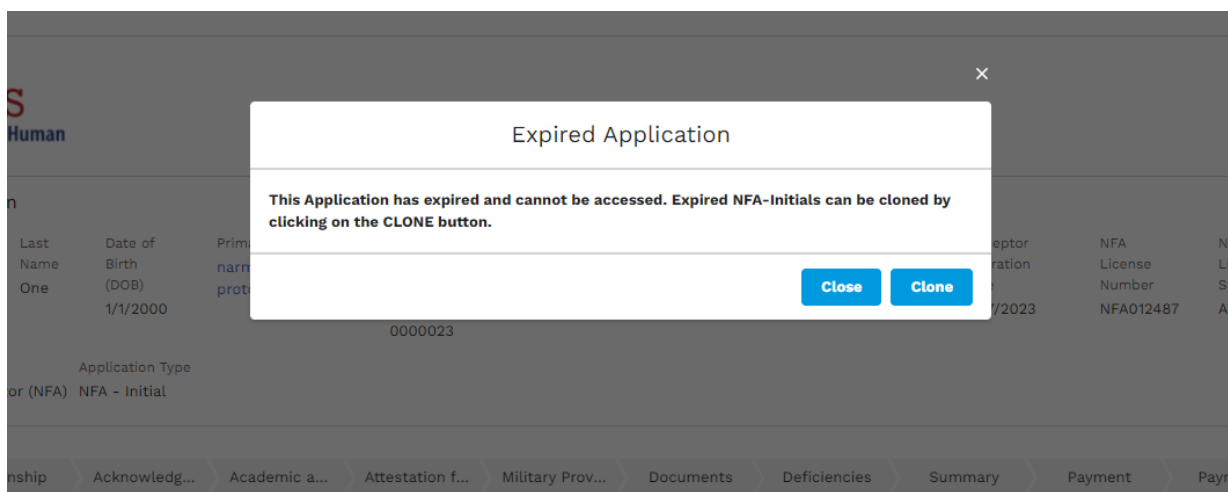


Figure 5.4C: Expired Application

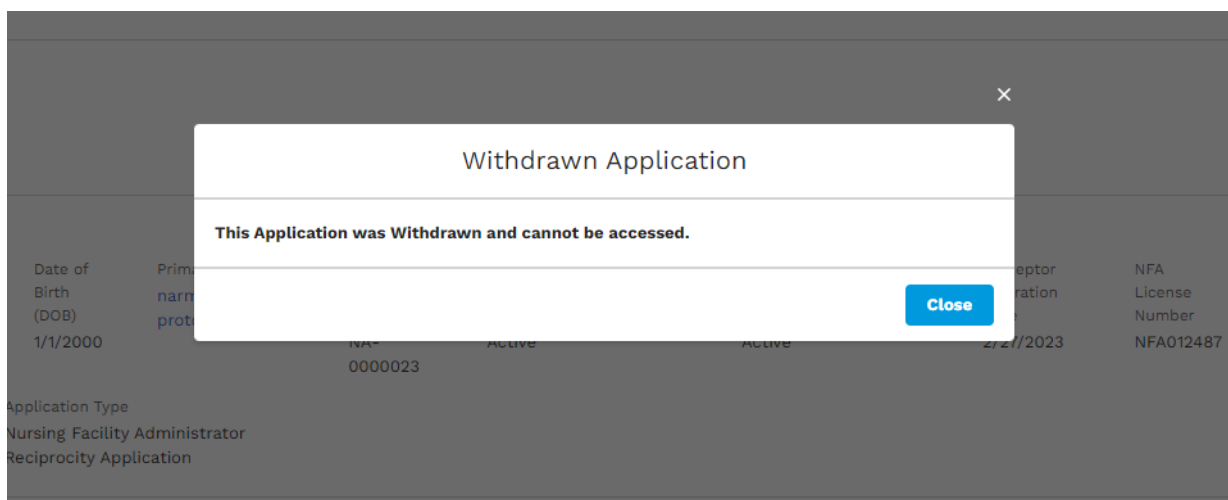


Figure 5.4D: Withdrawn Application

## 5.5. Payments

This section is applicable to applicants whose application requires a payment.

Please see below steps on how to make a payment and how to make a second payment (for applications which require second payment).

### 5.5.1. Make a payment

When you are filling out an application, you will come across 'payment' tab where system provides you an option to choose payment type.

Available payment types are

- ACH – Account transfer
- Credit Card
- Paper Check/Money Order

The screenshot shows the 'Payment' tab selected in a navigation bar at the top. Below the navigation bar, the 'APPLICATION DETAILS' section contains four input fields: 'Application ID' (RSLAN-0002886), 'Application Type' (NFA - Initial), 'Application Status' (Payment Pending), and 'Application Date' (Oct 17, 2021). Below this, the 'ONLINE PAYMENTS' section features a dropdown menu for selecting a payment type, with options: ACH, Credit Card, and Paper Check/Money Order. At the bottom of the form, there are buttons for 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

Figure 262. Payment tab.

**To make a payment using ACH – Account transfer, please see below steps**

- Select payment type as 'ACH'
- Click on button 'Pay Now at Texas.gov'

## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the 'Payment' tab in a web application. At the top, a progress bar indicates the current step is 'Payment', with previous steps marked with green checkmarks and subsequent steps labeled 'Payment 2' and 'Submit'. Below the progress bar, the 'APPLICATION DETAILS' section contains four input fields: 'Application ID' (RSLAN-0002886), 'Application Type' (NFA - Initial), 'Application Status' (Payment Pending), and 'Application Date' (Oct 17, 2021). The 'ONLINE PAYMENTS' section includes a note about the service being provided by Texas.gov. Below the note, a 'Payment Type' dropdown is set to 'ACH'. A table lists a single charge: 'Texas.gov Price' for an amount of '\$100.00'. A blue button labeled 'Pay Now at Texas.gov' is positioned below the table, with a warning that the link expires in 27:01. A detailed disclaimer follows, stating that payment at Texas.gov does not complete the application submission and that users must click 'Continue' on the confirmation screen to return to the application. At the bottom, a row of buttons includes 'Previous', 'Next', 'Save', 'Cancel', 'Withdraw', and 'Clone'.

APPLICATION DETAILS

Application ID: RSLAN-0002886

Application Type: NFA - Initial

Application Status: Payment Pending

Application Date: Oct 17, 2021

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type: ACH

CHARGE DESCRIPTION	AMOUNT
Texas.gov Price	\$100.00

[Pay Now at Texas.gov](#)

This link will expire in 27:01

Please be advised that completing payment at Texas.gov does **not** complete the submission of this application. Once payment is processed, you will be presented with a confirmation screen. You must click the blue Continue button at the bottom of the confirmation screen on Texas.gov to return to this application and click Submit Application on the final step.

[Previous](#) [Next](#) [Save](#) [Cancel](#) [Withdraw](#) [Clone](#)

Figure 263. Payment tab.

- System will take automatically direct you to Texas.gov payment website

The screenshot displays the 'Texas.gov Payment' page. A top navigation bar shows four steps: '1 Payment Type', '2 Customer Info', '3 Payment', and '4 Submit Payment'. The main content area is titled 'Payment' and features a 'Payment Type' section with a dropdown menu set to 'Electronic Check'. Below this, there is a checkbox option to select if the payment is funded by a foreign source. A green 'Next >' button is located to the right of the checkbox. Below the 'Payment' section are two collapsed sections: 'Customer Information' and 'Payment Information'. A 'Cancel' button is at the bottom left. On the right side, a 'Transaction Summary' box shows a table with 'HHSC License' at '\$100.00' and 'Texas.gov Price' at '\$100.00'. Below the summary is a 'Need Help?' section with instructions to select a payment method and continue to receive a printable receipt.

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

**Payment**

Payment Type

Payment Type \*

Electronic Check

☐ Select if this payment is being funded specifically by a **FOREIGN** source (bank or company), an International ACH Transaction ("IAT").

[Next >](#)

Customer Information

Payment Information

[Cancel](#)

**Transaction Summary**

HHSC License	\$100.00
<b>Texas.gov Price</b>	<b>\$100.00</b>

**Need Help?**

Select Payment Method and Continue to proceed with payment. You will receive a printable receipt at the end of your successful payment transaction.

Figure 264. Texas.gov Payment.

- Click next to see below page

**Payment**

Payment Type ✓

**Electronic Check**

**Customer Information**

Country \* Complete all required fields [ \* ]

United States

First Name \* Last Name \*

Address \*

Address 2

City \* State \*

Select State

ZIP/Postal Code \*

Phone Number \*

Email \* ?

**Next >**

**Payment Information**

**Cancel**

**Transaction Summary**

HHSC License	\$100.00
Texas.gov Price <span>?</span>	\$100.00

**Need Help?**

Please complete the Customer Information Section

Figure 265. Texas.gov Electronic Check page 2.

- Enter all details and click on next to see below page

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

### Payment

Payment Type ✓

Electronic Check

Customer Information ✓

Address

First Name Last Name

100 Test St

Austin, TX 78751

Country

United States

Phone Number

1234567890

Email Address

a@gmail.com

Edit

Payment Information

Name on Account \*

Routing Number \*

Account Number \* ?

Re-enter Account Number \*

Pay

012345678

01234567890

Routing Number

Account Number

☒ Checking

☐ Savings

Next >

Cancel

### Transaction Summary

HHSC License	\$100.00
Texas.gov Price <span>?</span>	\$100.00

### Need Help?

You have selected to pay by Electronic Check. Complete Customer Billing Information and enter Electronic Check Information.

Figure 266. Texas.gov Electronic Check page 3.

- Enter bank account details and click next to see below page



1 Payment Type
2 Customer Info
3 Payment
4 Submit Payment

### Payment

Payment Type
✓

#### Electronic Check

Customer Information
✓

Address
First Name Last Name  
100 Test St  
Austin, TX 78751

Phone Number  
1234567890

Country  
United States

Email Address  
a@gmail.com

Edit

Payment Information
✓

Electronic Check  
\*\*\*\*1111

Name on Account  
First Name Last Name

Terms and Conditions
Open a new window to print

Yes, I authorize this transaction. Please print this page if you would like a copy of this authorization for your records.


By checking "Yes" and opting to pay by electronic debit against the bank account specified above, I agree and stipulate to all statements:

1. I am the legal owner, have power of attorney, or have legal authority in relation to the bank account specified above to be used for payment.
2. Such bank account is open, validly issued, in good standing and able to accept electronic debits.

☐ Yes, I authorize this transaction.

Verification

☐ I'm not a robot


  
[Privacy](#) - [Terms](#)

Cancel

Submit Payment

### Transaction Summary

HHSC License	\$100.00
Texas.gov Price	\$100.00

### Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.

Figure 267. Texas.gov Electronic Check page 4.

- Click the 'Submit Payment' button. The system will display below confirmation page if payment was successful (see Figure 268).

## Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print. Please click the "continue" button at the bottom of this page to return to the HHSC Online Licensing page.

Print

### Transaction Summary

Description	Amount
HHSC Licensing Fee	\$100.00
Texas.gov Price	\$100.00

### Customer Information

Customer Name	First Name Last Name	Receipt Date	10/17/2021
Local Reference ID	529MN479449207	Receipt Time	09:16:33 AM CDT

### Payment Information

Payment Type	Electronic Check	Account Number	*****1111
		Order ID	61510522

### Billing Information

Billing Address	100 Test St	Phone Number	1234567890
Billing City, State	Austin, TX		
ZIP/Postal Code	78751		
Country	US		

This receipt has been emailed to the address below.

Email Address	a@gmail.com
---------------	-------------

Continue

Figure 268. Texas.gov Payments Receipt Confirmation.

- Click the 'Continue' button to go back to the application and submit the application (see Figure 268).

*Note: It is **REQUIRED** to click on 'Continue' button to successfully go back to the application to submit the application.*

### To make a payment using Credit Card, please see below steps

- Select payment type as 'Credit Card'
- Click the 'Pay Now at Texas.gov' button (see Figure 269).

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Payment

Payment 2

Submit

APPLICATION DETAILS

Application ID

RSLAN-0002887

Application Type

NFA - Initial

Application Status

Payment Pending

Application Date

Oct 17, 2021

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type

Credit Card

CHARGE DESCRIPTION	AMOUNT
Texas.gov Price	\$102.51

Pay Now at Texas.gov

This link will expire in 28:33

Please be advised that completing payment at Texas.gov does **not** complete the submission of this application. Once payment is processed, you will be presented with a confirmation screen. You must click the blue Continue button at the bottom of the confirmation screen on Texas.gov to return to this application and click Submit Application on the final step.

Previous

Next

Save

Cancel

Withdraw

Clone

Figure 269. Payment tab.

- System will take automatically direct you to Texas.gov payment website (see Figure 270).

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

### Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Country \* Complete all required fields [ \* ]

United States

First Name \* Last Name \*

Address \*

Address 2

City \* State \*

Select State

ZIP/Postal Code \*

Phone Number \*

Email \* ?

Next >

Payment Information

Cancel

### Transaction Summary

HHSC License	\$102.51
Texas.gov Price <span>?</span>	\$102.51

### Need Help?

Please complete the Customer Information Section

Figure 270. Texas.gov Payments page 1.

- Enter all details and click on next to see below page (see Figure 271).

1 Payment Type
2 Customer Info
3 Payment
4 Submit Payment

### Payment

Payment Type
✓

#### Credit/Debit Card

#### Customer Information

✓
Edit

Address
First Name Last Name
100 Test St
Austin, TX 78751

Phone Number
1234567890

Country
United States

Email Address
a@g.com

#### Payment Information

Credit Card Number \*
?

Credit Card Type

MasterCard

VISA

DISCOVER

AMERICAN EXPRESS

Expiration Month \*

Select a Month

Expiration Year \*

Select a Year

Security Code \*
?

Name on Credit Card \*

Next >

Cancel

### Transaction Summary

HHSC License	\$102.51
<b>Texas.gov Price</b> <span>?</span>	<b>\$102.51</b>

### Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

Figure 271. Texas.gov payments page 2.

- Enter credit card details then click the 'Next' button to see below page (see Figure 272).

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

### Payment

Payment Type

Credit/Debit Card

Customer Information

Address

First Name Last Name

100 Test St

Austin, TX 78751

Phone Number

1234567890

Country

United States

Email Address

a@g.com

Payment Information

Credit Card


Visa \*\*\*\*1111

Exp. 01/2023

Name on Credit Card

Name on Credit Card

Verification

☐ I'm not a robot
 

Cancel

Submit Payment

### Transaction Summary

HHSC License	\$102.51
<b>Texas.gov Price</b>	<b>\$102.51</b>

### Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.

Figure 272. Texas.gov payments page 3.

- Click the 'Submit Payment' button. The system will display the below confirmation page if the payment was successful (see Figure 273).

## Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print. Please click the "continue" button at the bottom of this page to return to the HHSC Online Licensing page.

Print

### Transaction Summary

Description	Amount
HHSC Licensing Fee	\$102.51
Texas.gov Price	\$102.51

### Customer Information

Customer Name	First Name Last Name	Receipt Date	10/17/2021
Local Reference ID	529MN48289699	Receipt Time	10:10:16 AM CDT

### Payment Information

Payment Type	Credit Card	Credit Card Number	*****1111
Credit Card Type	VISA	Order ID	61510800

### Billing Information

Billing Address	100 Test St	Phone Number	1234567890
Billing City, State	Austin, TX	This receipt has been emailed to the address below.	
ZIP/Postal Code	78751	Email Address	a@g.com
Country	US		

Continue

Figure 273. Texas.gov payment receipt confirmation.

- Click the 'Continue' button to go back to the application and submit the application.

*Note: It is **REQUIRED** to click on 'Continue' button to successfully go back to the application to submit the application.*

**To make a payment using Paper Check/Money Order, please see below steps**

- Select Payment Type as 'Paper Check/Money Order'

- Click the button 'Generate Payment Coupon'

**APPLICATION DETAILS**

Application ID: RSLAN-0002890

Application Type: NFA - Initial

Application Status: Payment Pending

Application Date: Oct 17, 2021

**ONLINE PAYMENTS**

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type: Paper Check/Money Order

CHARGE DESCRIPTION	AMOUNT
Price	\$100.00

☒ I understand that in order to complete this application, I must mail in the coupon with fee.

**Generate Payment Coupon**

Previous Next Save Cancel Withdraw Clone

Figure 274. Payment tab.

- The system will automatically direct you to a new page where a payment coupon will be displayed
- To print the coupon, submit the coupon along with paper check to address displayed on the coupon
- Return to the application, go to the 'Submit' tab then click the 'Submit' button.

### 5.5.2. Making a second payment

Some applications require a second payment. You will be notified by HHS if your application requires a second payment.

Please see below steps on how to make a second payment.

Go to NA/MA/NFA tab and select your role as 'Applicant' then select the applicant name to display the following page (see Figure 275).



## Licensing and Credentialing Systems Training Guide for NFA Licensing Applicants

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) Applicant home page. At the top left is the Texas Health and Human Services logo. To its right is the text "Texas Unified Licensure Information Portal (TULIP)". On the far right is a user profile icon with the text "First Name Last Name". Below the header is a dark blue navigation bar with a home icon and the text "NA / MA / NFA". The main content area has a title "Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details". Below the title are two dropdown menus: "Please select your role" with "Applicant" selected, and "Please select one" with "New First Name New Middle Name New Last Name" selected. Below these are two buttons: "Submit" and "Request additional access". A breadcrumb trail shows "Home" as the active tab, followed by "Dashboard", "Profile", "Applications", "License Printing", and "Helpful Links". A welcome message reads: "Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system." Below this is contact information for the NFA, NA, and MA programs, and the NATCEP.

**TEXAS**  
Health and Human  
Services

Texas Unified Licensure Information Portal (TULIP)

First Name Last Name

NA / MA / NFA

**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**

\* Please select your role  
Applicant

\* Please select one  
New First Name New Middle Name New Last Name

Submit Request additional access

Home Dashboard Profile Applications License Printing Helpful Links

Welcome to the Nursing Facility Administrator (NFA), Nurse Aide (NA) and Medication Aide (MA) online licensing system.

The NFA program can be contacted at 512-438-2015 or [NFA\\_Licensing\\_Program@hhs.texas.gov](mailto:NFA_Licensing_Program@hhs.texas.gov)  
The NA program can be contacted at 512-438-2050 or [NurseAideRegistry@hhs.texas.gov](mailto:NurseAideRegistry@hhs.texas.gov)  
The MA program can be contacted at 512-438-2025 or [Medication\\_Aide\\_Program@hhs.texas.gov](mailto:Medication_Aide_Program@hhs.texas.gov)  
The NATCEP can be contacted at 512-438-2017 or [Regulatory\\_NATCEP@hhs.texas.gov](mailto:Regulatory_NATCEP@hhs.texas.gov)

Figure 275. Applicant home page.

Click the Applications' tab to display the following page (see Figure 276).

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) Applications page. The breadcrumb trail now shows "Applications" as the active tab. The main content area has a title "Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details". Below the title are the same two dropdown menus as in Figure 275. Below these are the same two buttons: "Submit" and "Request additional access". A breadcrumb trail shows "Home", "Dashboard", "Profile", "Applications" (active), "License Printing", and "Helpful Links". A message reads: "Click on Application ID in order to continue with the application process or to check the status." Below this is a section titled "Credentialing Applications" with a dropdown menu showing "All Applications". To the right is a button "New Credentialing Application" and a search bar "Search this list...". Below this is a table with 5+ items, sorted by RS Licensing Application ID, filtered by All credentialing applications, and updated a few seconds ago. The table has columns: RS Licensing Application ID, L..., FI..., N..., Date..., Application Type, Licensure Type, Applic..., Last Modified By, Last Modified, M..., and N... The table contains 5 rows of application data. Below the table is a "Load More" link.

**Nurse Aide(NA)/Med Aide(MA)/Nursing Facility Administrator(NFA) Details**

\* Please select your role  
Applicant

\* Please select one  
New First Name New Middle Name New Last Name

Submit Request additional access

Home Dashboard Profile Applications License Printing Helpful Links

Click on Application ID in order to continue with the application process or to check the status.

Credentialing Applications  
All Applications

New Credentialing Application

Search this list...

5+ Items • Sorted by RS Licensing Application ID • Filtered by All credentialing applications • Updated a few seconds ago

	RS Licensing Application ID	L...	FI...	N...	Date...	Application Type	Licensure Type	Applic...	Last Modified By	Last Modified	M...	N...
1	RSLAN-0002862	Name	New	1234	10/7/2021	Name Change	Med Aide (MA)	Incomplete	First Name Last Na...	10/7/2021 7:38 ...	1234...	
2	RSLAN-0002859	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 11:00 ...	1234...	
3	RSLAN-0002858	Name	New	1234	10/6/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/6/2021 10:58...	1234...	
4	RSLAN-0002857	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 11:07 ...	1234...	
5	RSLAN-0002856	Name	New	1234	10/5/2021	Name Change	Nursing Facility Administrator ...	Incomplete	First Name Last Na...	10/5/2021 2:06 ...	1234...	

Load More

Figure 276. Applications page.

Applications tab will display all applications previously submitted by applicants.

Select the application for which second payment is required or application which is in 'Payment Pending License Fee' status.

Go to 'Payment 2' tab to display the following page (see Figure 277).

This Application does not require payments please proceed to Submit.

**APPLICATION DETAILS**

Application ID RSLAN-0002891	Application Type NFA - Provisional
Application Status Payment Pending License Fee	Application Date Oct 17, 2021

**ONLINE PAYMENTS**

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type  
--Select a Payment Type--

Previous Next Save Cancel Withdraw

Figure 277. Payment 2 tab.

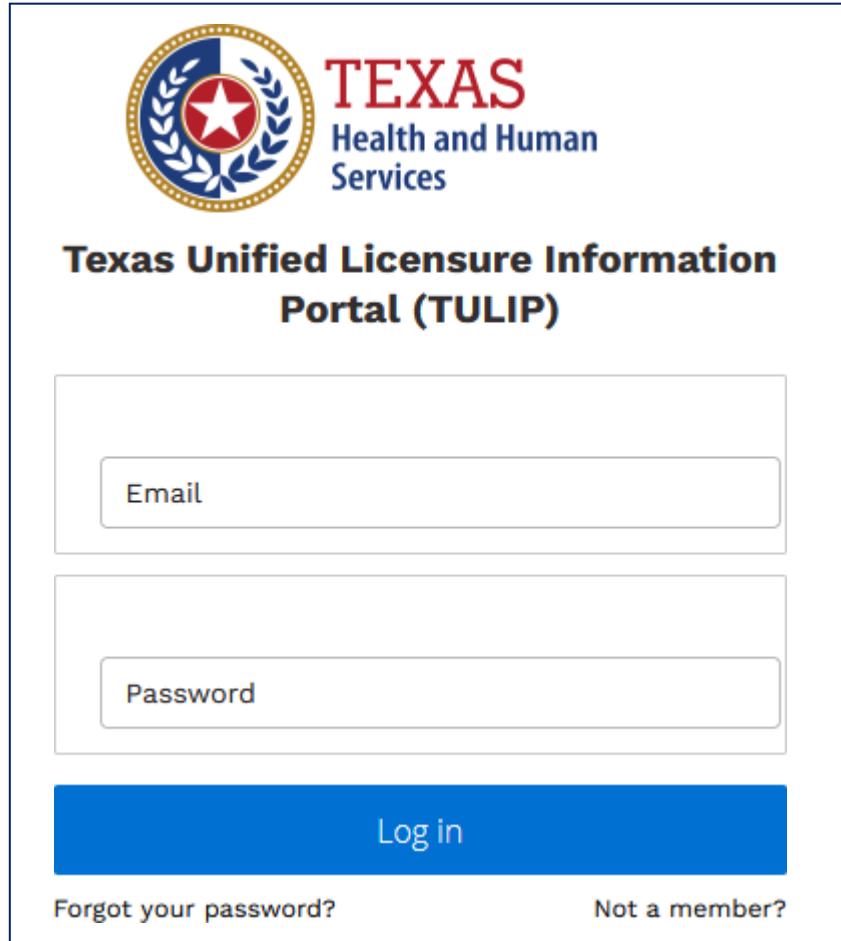
Please see steps mentioned above in this section '5.4 payments' to see how to continue with making payment and submitting the application.


## 5.6. Changing email

*Note: This section is applicable to applicants who already registered and want to change/update their email address.*

Please see below steps on how to change email

Go to link <https://txhhs.force.com/TULIP/s/login/> and you will be presented with below page (see Figure 278).



 **TEXAS**  
Health and Human  
Services

**Texas Unified Licensure Information  
Portal (TULIP)**

Email

Password

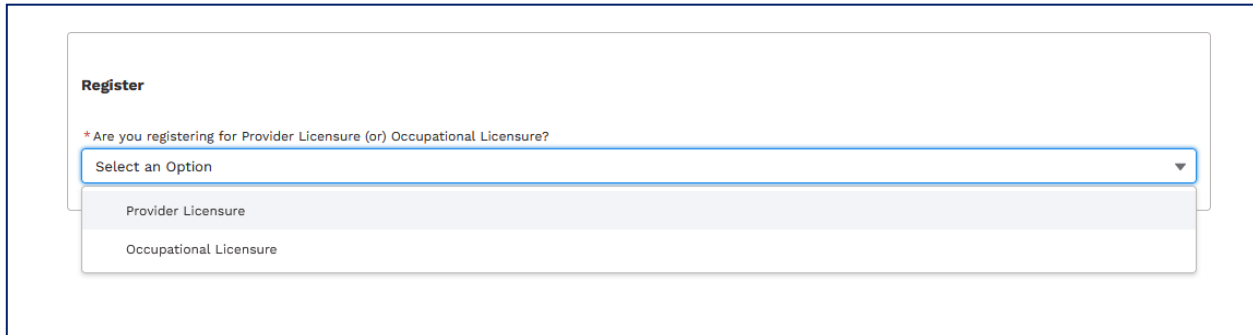
Log in

[Forgot your password?](#) [Not a member?](#)

Figure 278. TULIP login page.

Click on link 'Not a member' and you will be provided with two options as shown in below page

- **Provider Licensure** – This is for LTC providers who want to submit applications for facility/agency license.
- **Occupational Licensure** – This is for NFA licensing applicants.



**Register**

\* Are you registering for Provider Licensure (or) Occupational Licensure?

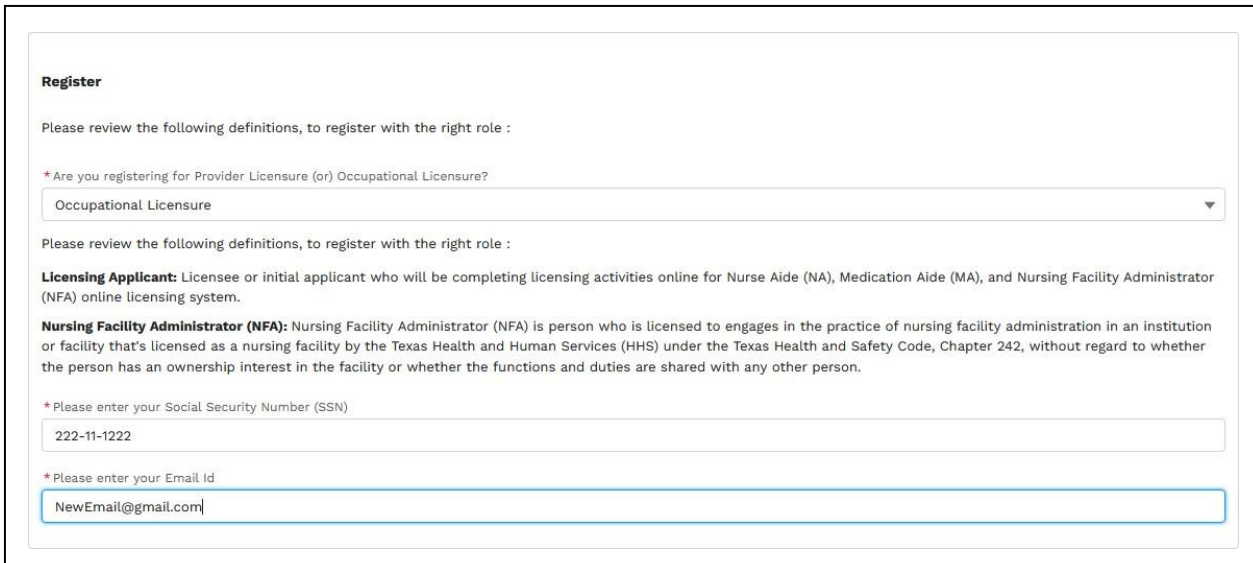
Select an Option ▼

- Provider Licensure
- Occupational Licensure

Figure 279. TULIP registration initial page.

*Note: Fields marked with \* are required.*

Select 'Occupational Licensure' to display the following page (see Figure 280).



**Register**

Please review the following definitions, to register with the right role :

\* Are you registering for Provider Licensure (or) Occupational Licensure?

Occupational Licensure ▼

Please review the following definitions, to register with the right role :

**Licensing Applicant:** Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system.

**Nursing Facility Administrator (NFA):** Nursing Facility Administrator (NFA) is person who is licensed to engages in the practice of nursing facility administration in an institution or facility that's licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person.

\* Please enter your Social Security Number (SSN)

222-11-1222

\* Please enter your Email Id

NewEmail@gmail.com

Figure 280. Occupational Licensure page.

Please enter your Social Security Number (SSN) and email ID (email address) to see below message.

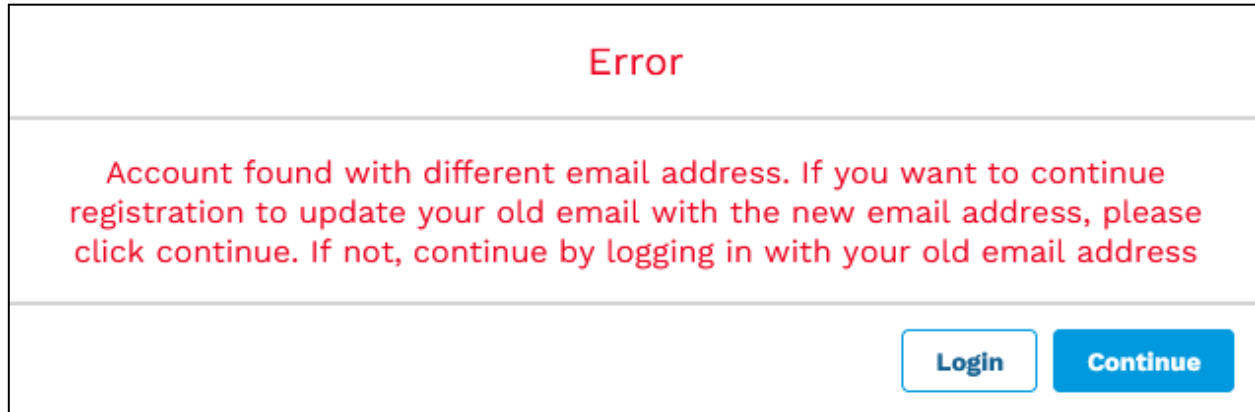
A screenshot of an error message page. At the top, the word "Error" is displayed in red. Below it, a red text block reads: "Account found with different email address. If you want to continue registration to update your old email with the new email address, please click continue. If not, continue by logging in with your old email address". At the bottom right, there are two buttons: "Login" (outlined in blue) and "Continue" (solid blue).

Figure 281. Account found error page.

Click the 'Continue' button to display the following page (see Figure 282).

A screenshot of the "Register" page for Occupational Licensure. The page title is "Register". Below it, a message says: "Please review the following definitions, to register with the right role :". A dropdown menu is set to "Occupational Licensure". Below this, another message says: "Please review the following definitions, to register with the right role :". Two definitions are provided: "Licensing Applicant: Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system." and "Nursing Facility Administrator (NFA): Nursing Facility Administrator (NFA) is person who is licensed to engages in the practice of nursing facility administration in an institution or facility that's licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person." Below these are three input fields: "Please enter your Social Security Number (SSN)" with the value "222-11-1222", "Please enter your Email Id" with the value "NewEmail@gmail.com", and "Please enter your Old Email id" which is empty. At the bottom is a grey "Submit" button.

Figure 282. Occupational Licensure page.

Enter your old email ID (email address) to validate the change then click the 'Submit' button to see below confirmation message (see Figure 283).

**Register**

Please review the following definitions, to register with the right role :

\* Are you registering for Provider Licensure (or) Occupational Licensure?

Occupational Licensure ▼

Please review the following definitions, to register with the right role :

**Licensing Applicant:** Licensee or initial applicant who will be completing licensing activities online for Nurse Aide (NA), Medication Aide (MA), and Nursing Facility Administrator (NFA) online licensing system.

**Nursing Facility Administrator (NFA):** Nursing Facility Administrator (NFA) is person who is licensed to engages in the practice of nursing facility administration in an institution or facility that's licensed as a nursing facility by the Texas Health and Human Services (HHS) under the Texas Health and Safety Code, Chapter 242, without regard to whether the person has an ownership interest in the facility or whether the functions and duties are shared with any other person.

\* Please enter your Social Security Number (SSN)

222-11-1222

\* Please enter your Email Id

NewEmail@gmail.com

\* Please enter your Old Email Id

narmanfa+222111222@protonmail.com

Submit

Email changed Successfully, please check your email for your new username to login.

Figure 283. Confirmation message.

Check your new email for a message from TULP to complete email change. Thereafter you should be able to log into TULIP with the new email address.