OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
Board of Examiners of Nursing Home Administrators
121 South Fruit Street, Suite 301
Concord, N.H. 03301-2412
Telephone 603-271-4728 · Fax 603-271-6702

PETER DANLES
Executive Director

JOSEPH G. SHOEMAKER
Division Director

Dear Applicant:

In response to your inquiry relative to licensure of Nursing Home Administrators, attached is an application for licensure in New Hampshire. Please submit the following, along with your completed application form and the fee of $300.00. Check or money order should be made payable to **Treasurer, State of New Hampshire.**

1. The applicant shall submit three (3) original letters of reference (2 professional references and one personal reference). The letters must be written within the past 12 months and should state in what context or capacity they have known the applicant.

2. Proof of citizenship and/or residence: either a CERTIFIED copy of your birth certificate, naturalization card, residency card or equivalent.

3. Official transcripts, received directly from the College or University, of all post high school education. A bachelor's degree and a minimum of 15 semester credits in Core of Knowledge subjects for an accredited college or university are required. The Core courses may be included in the degree or in addition to it.

4. Certification of one year's experience as a Administrator-In-Training (AIT) in a nursing home having at least 50 beds or equivalent experience.

5. ***You must complete a "Criminal Record Release Authorization Form", have it notarized, include the $25.00 fee (**check payable to State of NH - Criminal Records**) and return this form with your application. **The "Criminal Record Release Authorization Form" can be found on our website under Documents/Publications.**

6. You must submit the AIT form and the Guidelines for the Core of Knowledge, which can be obtained on our website under Documents/Publications.

When a determination of eligibility has been made by the Board, information will be provided to you on how to schedule to take the national exam and the state exam.

If you should have any questions, please contact me at the above number.

Sincerely,

Penny Taylor

Penny Taylor
Administrator

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APPLICATION FOR LICENSE AS A NURSING HOME ADMINISTRATOR

I hereby make application for a license as a Nursing Home Administrator and enclose an application fee of $300.00 (Check made payable to Treasurer, State of New Hampshire).

INSTRUCTIONS: Type or print in ink the application form. Do not use initials. In order for you to be given credit for education other than high school graduation, your application must be accompanied by proper certificates, diplomas or documentation. Complete each section of this form - do not use such terms as "See Attached". Thank you.

NAME_____
(last) (first) (middle)

OTHER NAMES (maiden name, previous married name)_____

RESIDENCE AND MAILING ADDRESS_____

_____HOME TELEPHONE #:_____

BUSINESS NAME_____

BUSINESS ADDRESS_____

_____BUSINESS TELEPHONE #:_____

DATE OF BIRTH_____AGE_____PLACE OF BIRTH_____

SOCIAL SECURITY NUMBER_____-_____-_____

Initial applicants not licensed in any other state must submit a completed Administrator-In-Training (AIT) form and a completed Core of Knowledge form, which can be found on our website under Documents/Publications.

Please answer the following questions. **If you answer "yes" to any of these questions, please explain on the reverse side of this sheet, or attach an additional 8 1/2" x 11" sheet(s) if necessary.**

	YES	NO
1. Are you licensed to practice as a nursing home administrator in any other state(s)? If yes, please provide the state(s) and license number(s).	_____	_____
2. Have you ever, for any reason, been refused a license by any examining board?	_____	_____
3. Have you ever had a license revoked, suspended or placed on probation by any state board?	_____	_____
4. Have you ever been convicted of a crime, fraud, neglect and abuse that has not been annulled by a court, other than a traffic violation?	_____	_____

EDUCATION AND TRAINING RECORD

*NAME OF COLLEGE/UNIVERSITY ATTENDED:_____

ADDRESS OF COLLEGE/UNIVERSITY:_____

_____DEGREE EARNED:_____

YEARS ATTENDED: From_____ To_____

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*NAME OF COLLEGE/UNIVERSITY ATTENDED:_____

ADDRESS OF COLLEGE/UNIVERSITY:_____

_____DEGREE EARNED:_____

YEARS ATTENDED: From_____ To_____

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*NAME OF COLLEGE/UNIVERSITY ATTENDED:_____

ADDRESS OF COLLEGE/UNIVERSITY:_____

_____DEGREE EARNED:_____

YEARS ATTENDED: From_____ To_____

***YOU MUST PROVIDE A CERTIFIED COPY OF YOUR DIPLOMA AND OFFICIAL TRANSCRIPTS.**

EMPLOYMENT RECORD

List below in order of your work experiences, including military service, commencing with present employment. Give complete answers on all positions you have held. You may attach additional sheets if necessary in order to give complete and detailed information. For "specific duties" list volume and kind of work, and the number of positions supervised, if any. Emphasize your own specific tasks.

PRESENT EMPLOYMENT:

EMPLOYER_____ YOUR TITLE_____

FULL ADDRESS_____

_____

SPECIFIC DUTIES_____

REASON FOR LEAVING_____

Total years employed:_____ FROM_____ TO_____
Month Year Month Year

****

EMPLOYER_____ YOUR TITLE_____

FULL ADDRESS_____

_____

SPECIFIC DUTIES_____

REASON FOR LEAVING_____

Total years employed:_____ FROM_____ TO_____
Month Year Month Year

****

EMPLOYER_____ YOUR TITLE_____

FULL ADDRESS_____

_____

SPECIFIC DUTIES_____

REASON FOR LEAVING_____

Total years employed:_____ FROM_____ TO_____
Month Year Month Year

ALL APPLICANTS MUST SIGN THE FOLLOWING STATEMENT:

I certify that there are no willful misrepresentations in and falsifications of the above statements and answers to questions. I understand that inquiry may be made of my employers, my sources of education, and of all references given about my character, qualifications, and record of employment, and if such an investigation should disclose misrepresentations and falsifications, my application will be rejected, and should I be licensed as a result of such statements, my license may be revoked.

_____ DATE

_____ SIGNATURE OF APPLICANT

CURRENT PHOTOGRAPH

For Office Use Only:

Check Number:_____for $300.00 received on _____

by_____.