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 Reciprocity Applicant:

In addition to the completed application form, please submit the following documents and the reciprocity fee of $300.00. Your check or money order should be made payable to **Treasurer, State of New Hampshire.**

1. Photo copy of current Nursing Home Administrators license.

2. Verification from the licensing Board as to your marks on either the PES or NAB examination.

3. 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.

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

5. Official transcripts, received directly from the College or University, of all post high school education.

6. Verification from an employer of 12 months experience as an Administrator or AIT.

7. *** With the acknowledgement letter, you will receive paperwork to complete a criminal background check. **Pursuant to RSA 151-A:6-a, you are required to submit a notarized criminal history record release form, along with a fee, which authorizes the release of your criminal history record, if any, to the Board. This form will be provided to you with your acknowledgment letter once your application has been received by the Board.**

When a determination has been made by the Board that reciprocity requirements have been met, information will be provided to you on how to schedule to take the state examination. While waiting for the exam date, if urgent need is demonstrated, you can request that the Board issue you a non-renewable, temporary permit (Part Nuh 304.04 of the Nursing Home Administrators Rules and Regulations).

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_____-_____-_____

You must have a certified copy of your National Board/PES examination scores submitted directly to the Board.

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_____.

STATE LICENSE CLEARANCE

INSTRUCTIONS: The applicant who holds a current license in another state must complete the personal information on this form and send the form to that Licensing Board for completion.
TO THE LICENSING BOARD: The nursing home administrator named below has applied for licensure in the State of New Hampshire. Please inform the NH Board of Examiners of Nursing Home Administrators of any pertinent information on this candidate which might affect the licensing process. All information is confidential. **Please return this form directly to the NH Board of Examiners of Nursing Home Administrators, 121 South Fruit Street, Concord, NH 03301-2412.** Thank you.

PERSONAL

NAME:_____
ADDRESS:_____
_____
TELEPHONE: Home ( )_____ Work ( )_____
SOCIAL SECURITY NUMBER____-____-____ DATE OF BIRTH_____

****

FOR OUT-OF-STATE BOARD COMPLETION

STATE COMPLETING THIS FORM:_____

LICENSE NUMBER:_____ISSUED:_____EXPIRES:_____

State of Original LIcense:_____If not this state, was license through reciprocity/endorsement? Yes_____No_____From what state?_____

Exam Score: Type: NAB_____PES_____Other_____
Raw Score:_____
Scale Score:_____
Date of Exam:_____ State:_____

Was an AIT/Practicum successfully completed?_____
Length of AIT/Practicum:_____

Has the applicant ever been disciplined by the Board?_____
If yes, please explain:_____
Is there any investigation or disciplinary action pending? Yes_____No_____

Name of individual completing form_____Date_____

Signature of individual completing form:_____

STATE SEAL