

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



REINSTATEMENT APPLICATION

Reinstatement Fee: \$300.00 **Make check payable to: Treasurer, State of New Hampshire**

FULL NAME: _____
(last) (first) (middle) (maiden)

HOME ADDRESS: _____

_____ HOME TELEPHONE #: _____

CURRENT PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____

_____ BUSINESS TELEPHONE #: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

Please submit two (2) original professional letters of reference. The letters must be written within the past 12 months and should state in what context or capacity they have known you.

You must provide proof of 40 CEU clock hours earned in programs approved pursuant to Nuh 402.03.

Also, please submit the reason why you failed to renew your license.

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.

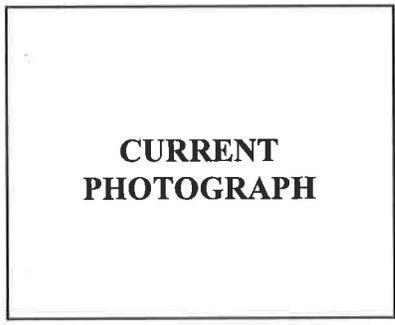
- | | YES | NO |
|---|-------|-------|
| 1. Are you licensed to practice as a nursing home administrator in any other state(s)? If yes, please provide the state(s) and license number(s). If yes, you are required to complete the enclosed State License Clearance Form and send it to that Licensing Board for completion. | _____ | _____ |
| 2. Have you ever, for any reason, been disciplined in any state? If yes, please provide a copy of all supporting documents. | _____ | _____ |

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 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



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