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.
- *** 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.**
- 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.

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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

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_____

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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