





**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
 7 Eagle Square, Concord, NH 03301-4980  
 Phone: 603-271-2152

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.**

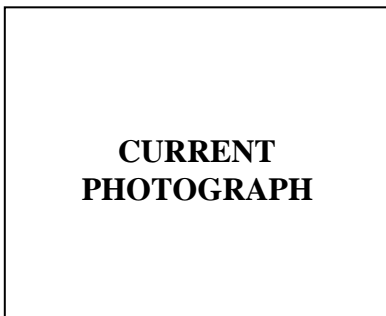
	YES	NO
1. Are you licensed to practice as a nursing home administrator in any other state(s)? If yes, please provide the state(s) and license number(s). <b>If yes, you are required to complete the enclosed State License Clearance Form and send it to that Licensing Board for completion.</b>	_____	_____
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 \_\_\_\_\_.



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**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, 7 Eagle Square, Concord, NH 03301. 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**