



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

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 the above number.



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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.



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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).	_____	_____
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 _____

*NAME OF COLLEGE/UNIVERSITY ATTENDED: _____

ADDRESS OF COLLEGE/UNIVERSITY: _____

_____ DEGREE EARNED: _____

YEARS ATTENDED: From _____ To _____

*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.**



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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



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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 _____.



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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