

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF HEALTH PROFESSIONS  
Board of Examiners of Nursing Home Administrators  
7 Eagle Square  
Concord, N.H. 03301  
Telephone 603-271-4728 · Fax 603-271-6702

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Dear Applicant:

In response to your inquiry relative to licensure of Nursing Home Administrators, attached is an application for licensure in New Hampshire. Please submit the following, along with your completed application form and the fee of \$300.00. Check or money order should be made payable to **Treasurer, State of New Hampshire**.

1. 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.
2. Proof of citizenship and/or residence: either a CERTIFIED copy of your birth certificate, naturalization card, residency card or equivalent.
3. Official transcripts, received directly from the College or University, of all post high school education. A bachelor's degree and a minimum of 15 semester credits in Core of Knowledge subjects for an accredited college or university are required. The Core courses may be included in the degree or in addition to it.
4. Certification of one year's experience as a Administrator-In-Training (AIT) in a nursing home having at least 50 beds or equivalent experience.
5. \*\*\* 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.**
6. You must submit the AIT form and the Guidelines for the Core of Knowledge, which can be obtained on our website under Documents/Publications.

When a determination of eligibility has been made by the Board, information will be provided to you on how to schedule to take the national exam and the state exam.

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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Initial applicants not licensed in any other state** must submit a completed Administrator-In-Training (AIT) form and a completed Core of Knowledge form, which can be found on our website under Documents/Publications.

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.**

**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 \_\_\_\_\_.