

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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**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.

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.**

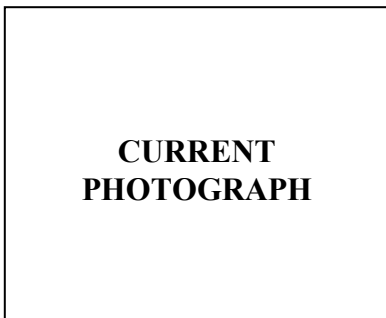
- |   | YES   | NO    |
|---|-------|-------|
| 1. Are you licensed to practice as a nursing home administrator in any other state(s)? If yes, please provide the state(s) and license number(s). <b>If yes, you are required to complete the enclosed State License Clearance Form and send it to that Licensing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

**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 \_\_\_\_\_

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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**