

AIT APPLICATION FOR NURSING HOME ADMINISTRATOR STATE EXAMINATION AND LICENSE

Return this completed form 30 days prior to exam date, with a check or Money Order for the application fee of \$165, and \$190 (total \$355) for initial license fee, (payable to NHAP) to the following address:

Nursing Home Administrator Program
P.O. Box 942732
Sacramento, CA 94234-7320

PRINT OR TYPE

APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER *
MAILING ADDRESS (Number)	(Street)	WORK TELEPHONE NUMBER ()	
(City)	(County)	(State)	HOME TELEPHONE NUMBER ()
E-MAIL ADDRESS	DRIVER LICENSE NUMBER		DATE OF BIRTH

* Disclosure of your social security number (SSN) is mandatory. Health and Safety Code, Chapter 2.35, Section 1416.28 authorizes collection of your SSN. If you fail to disclose your SSN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Have you ever pled guilty or nolo contendere to, or been convicted of any crime (other than minor traffic violations)? YES NO

IF THE ANSWER TO THIS QUESTION IS YES, EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. PROVIDE CERTIFIED COPIES OF ARREST REPORT AND COURT DOCUMENTS THAT INCLUDE THE FOLLOWING AS APPLICABLE: CRIMINAL COMPLAINT, PLEA AND JUDGEMENT, AND PROBATION REPORT. IF THESE RECORDS HAVE BEEN DESTROYED, THE PROGRAM REQUIRES A SIGNED STATEMENT TO THAT FACT ON AGENCY LETTERHEAD, FROM THE AGENCY YOU ARE REQUESTING RECORDS. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU.

I am enclosing a check or money order in the amount of \$

AN APPLICANT'S ELIGIBILITY FOR LICENSURE SHALL BE DEPENDENT ON SUCCESSFUL COMPLETION OF THE NATIONAL AND STATE EXAMINATIONS.

CITIZENSHIP (Health and Safety Code 1416.22(a))

(a) Are you a United States Citizen? YES NO

(b) If you answered **NO** to question 8(a) above, are you:
(Please check one of the following.)

- A qualified alien (as defined in 8 U.S.C.A. § 1641). A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq.).
- An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. A foreign national not physically present in the United States.
- Other – Please provide a detailed explanation. _____

(c) Do you intend to seek entry into the United States for the purpose of performing labor as a healthcare worker, other than a physician? YES NO

(d) Are you atleast 18 years of age or older? YES NO

FAMILY SUPPORT

In accordance with the Welfare and Institution Code Section 11350.6, applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order, order for spousal support or alimony. Failure to certify may result in disciplinary or adverse action, and making a false statement may subject the licensee's license to denial or revocation actions by NHAP.

You **must** check one of the following:

- I am not more than ____ days delinquent in complying with a child support order/order for spousal support or alimony/educational loan repayment obligation.
- I am more then ____ days delinquent in complying with a child support order/order for spousal support or alimony/educational loan repayment obligation.
- I am current in compliance with a family support order.
- I am not currently under any child or family support order repayment obligation.

