

New Jersey Department of Health Nursing Home Administrators Licensing Board

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

Mailing Address: PO Box 358 Trenton, NJ 08625-0358

Overnight Services (UPS, FedEx, Airborne): 120 South Stockton Street, 3rd Floor Trenton, NJ 08608-1832

INSTRUCTIONS: Complete as much information as possible <u>on the form itself</u>, then attach additional sheets as necessary and number the response(s) to correspond to the numbers listed on this form. Please print or type.

1. Name of Applicant First Middle	Last	2. Name of	Licensed Long Terr	n Care Facili	ty Site				
Street Address	Street Address								
City	State Zip	City			State Zip				
3. Social Security No.	5. Place of Birth								
6. U.S. Citizen	7. Date of Naturalization								
	copy of green card declaration o								
8. Home Telephone Number	r 9. Work Telephone Number 10. Personal Email Address								
11a. Have you ever been convicted of a	crime or offense (other than traffic	violations)?	11b. Are there any	y pending crir	minal charges against you?				
No Yes (Please attach		No	No Yes (Please attach explanation)						
12. Type of Program									
Administrative Intern Program (N.J.A.C. 8:34-4.2)Equivalency-Graduate School Program (N.J.A.C. 8:34-4.4)License by Equivalency (Reciprocity) (N.J.A.C. 8:34-6.8)									
	NAL EXPERIENCE - Start with	-	=	on and work	back.				
A. Name and Address of Employer, Firr	n or Organization	B. Title of F	Position						
Name									
Street	C. Dates of Employment D. Hours Worked Per We								
City	State Zip	From:	To:						
E. Description of Duties									
A. Name and Address of Employer, Firr <i>Name</i>	B. Title of F	Position							
Street		C. Dates of	Employment		D. Hours Worked Per Week				
City	State Zip	From:	To:						
E. Description of Duties									
A. Name and Address of Employer, Firr <i>Name</i>	B. Title of Position								
Street		C. Dates of	Employment		D. Hours Worked Per Week				
City	State Zip	From:	To:						
E. Description of Duties									

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE (Continued)

Name of Applicant First	Middle Last					Social Security No.					
14. EDUCATION List colleges, universities and professional schools you have attended. Attach additional sheet if necessary.											
Name (a) and Location (b) of School	Dates Attended		Graduated			Major Area of Study		inor Area of Study	Diploma/ Degree		
(a)	From:		Yes								
(b)	To:		No								
(a) (b)	From:		Yes No								
(a)	To: From:		Yes								
(b)	To:		No								
15. PROFESSIONAL CERTIFICATES AND/OR LICENSES HELD Include such items as Licensed Nursing Home Administrator, MD, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each license you hold or have ever held. Attach additional sheet if necessary.											
Type of Certificate or License	Name of State	Origin	nal Issue	Lat	est Issue	Current Cert. or License		Reg. Number	r Against This License?		
		1							Yes		
									No		
									Yes No		
 17. THE ITEMS DESCRIBED BELOW MUST ACCOMPANY THIS APPLICATION a. If you are currently employed in a health care facility, name of the facility and current license number of the facility b. Organization chart for the administrative body of the facility c. Current job description d. Three (3) letters of reference from individuals, not related to you, who will attest to your good moral character and administrative ability e. Official college transcript f. Driver License and a birth certificate 											
18. FEE INFORMATION APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE FEE OF \$100. MAKE CHECK OR MONEY ORDER PAYABLE TO: "TREASURER. STATE OF NEW JERSEY."											
CHECK/MONEY ORDER NUMBER DATE OF CH				HECK/MONEY ORDER			AMOUNT OF FEE ENCLOSED				
			19. CEI	RTIFIC	ATION						
State of											
County of											
I affirm that I am the applicant and that I have examined the contents of this application and the accompanying documents and that the statements in this application and the accompanying documents are true and correct to the best of my information and knowledge.											
Signature											
Subscribed and sworn to before me this day of, A.D. 20 At My commission expires											
Signature of Officer Administering Oath											

NOTE: All documents become the property of this Department and will not be returned to the applicant.