California Department of Public Health (CDPH)
Nursing Home Administrator Program (NHAP)
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416
(916) 552-8780 FAX: (916) 552-8777
NHAP@cdph.ca.gov

APPLICATION FOR NURSING HOME ADMINISTRATOR
NATIONAL EXAMINATION

Nursing Home Administrator Program
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416

APPLICANT'S NAME *(Last)*	*(First)*	*(M.I.)*	SOCIAL SECURITY NUMBER*
MAILING ADDRESS			WORK TELEPHONE NUMBER

(City)	*(County)*	*(State)*	*(Zip Code)*	HOME TELEPHONE

E-MAIL ADDRESS	DRIVER LICENSE NUMBER	DATE OF BIRTH (MM/DD/YYYY)

*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code section 17520, subdivision (d), the CDPH is required to collect social security numbers from all applicants for nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services, collection of delinquent State taxes if applicant appears on the Franchise Tax Board's top 500 delinquent taxpayers list pursuant to Business Codes Section 494.5 Subdivision (4) and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR, Section 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action 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 JUDGMENT, AND PROBATION REPORT. IF THESE RECORDS HAVE BEEN DESTROYED, THE PROGRAM REQUIRES A SIGNED STATEMENT TO THAT FACT FROM THE AGENCY YOU ARE REQUESTING YOUR INFORMATION. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU.

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) Are you a Legal Resident?   Yes   No

(c) Are you at least eighteen (18) years of age or older?   Yes   No

FAMILY SUPPORT

In accordance with the Welfare and Institutions 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 thirty (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 the NHAP.

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

Are you currently under a child or family support order?   **Yes**   **No**

If yes, you must answer the following question:

Are you more than 30 days delinquent in complying with a child or family support order?   **Yes**   **No**

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.

*I certify under the penalty of the perjury laws of the State of California that the information I have entered on this application is true and correct to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in denial of this examination application and/or disqualification from participating in the Nursing Home Administrator Program's NHA examination. I understand that if I fail to appear for the examination as scheduled, **the fees are non-refundable and non-transferable and will be forfeited.***

APPLICANT'S SIGNATURE	DATE

APPLICANTS—DO NOT USE THIS SPACE BELOW—FOR NHAP USE ONLY

CASH # _____	STATUS ☐ Approved ☐ Rejected ☐ Denied ☐ Additional Training
NHAP _____	☐ Attempt 1	☐ Attempt 3
	☐ Attempt 2	Exam Candidate #
INITIALS _____	STAFF	DATE PROCESSED