State of California – Health and Human Services Agency

California Department of Public Health (CDPH)
Nursing Home Administrator Program (NHAP)
MS 3302, P.O. BOX 997416
Sacramento, CA 95899-7416
(916) 552-8780 FAX: (916) 636-6108
NHAP@cdph.ca.gov

APPLICATION TO BECOME A PROVIDER OF CONTINUING EDUCATION

Instructions: 1. Submit this application in duplicate. (photocopies accepted)

2. Include a check or money order (made payable to NHAP) with the appropriate fees to the following address:

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

FOR OFFICE USE ONLY	
Cash #	
Amount	
NHAP Staff Initials	

3. Refer to the Guideline for Approval of Continuing Education Providers and Courses.

4. Please visit our website at www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx to view the current **fee list** and Guideline for Approval of Continuing Education Providers and Courses.

Name of Provider: _____ Phone #: _____

Business Address: _____

SSN, Acct. # or FIEN: _____ **(Provider certificates cannot be issued without this number.** Does not apply to partnerships.)

Provider is a/an:

☐ Individual ☐ University, College or School ☐ Health Association ☐ Partnership ☐ Health Facility

☐ Corporation ☐ Government Agency ☐ Other: _____

Print below the name and title of: if an individual, the individual applying: if a partnership, the members thereof; if a corporation, association or other type of organization, the president, vice-president and secretary.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name, title and mailing address of person to whom all correspondence should be directed:

Name: _____ Title: _____

Signature: _____ Date: _____

Maintenance of the information requested on this application form is authorized by the Health and Safety Code 1416. No items of information are voluntary; all are required. Failure to provide any of the requested information will result in the rejection of the application.

*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 California Department of Public Health (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 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.

DO NOT WRITE BELOW THIS LINE

☐ Application has been provided Provider #: _____ Approved by: _____

Date: _____ Approval Expires: _____

☐ Application has been denied: Denied by: _____ Date: _____

Reason for denial: _____