

## RE-EXAMINATION APPLICATION FOR NURSING HOME ADMINISTRATOR NATIONAL EXAMINATION

Return this completed form thirty (30) days prior to exam date, with a check or money order for the application fee (payable to NHAP) to the following address:

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

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

\*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.

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 \$ \_\_\_\_\_

This is my  first  second  third attempt on the National Examination.

**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

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

**\*\*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 application with the Nursing Home Administrator Program (NHAP). I understand that if I fail to appear for the examination as scheduled, the fees are non-refundable and non-transferable.*

APPLICANT'S SIGNATURE **	DATE SIGNED **
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**APPLICANTS--DO NOT USE THIS SPACE BELOW--FOR NHAP USE ONLY**

**FOR NHAP OFFICE USE ONLY**

CASH # _____  _____ NHAP INITIALS _____  AMOUNT _____	STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Denied <input type="checkbox"/> Training Requirements <input type="checkbox"/> Attempt 1 <input type="checkbox"/> Attempt 3 <input type="checkbox"/> Attempt 2 <input type="checkbox"/> Exam Candidate # STAFF _____ DATE PROCESSED _____
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All information requested by the application is required by the California Department of Public Health, Nursing Home Administrator Program (NHAP). Maintenance of the information requested on this form is authorized by the Health and Safety Code. Failure to provide any of the required information will result in the application being rejected as incomplete. For more information or access to records containing your personal information maintained by CDPH, contact the NHAP, MS 3302, P.O. Box 997416, Sacramento, CA 94899-7416, (916) 552-8780.