



**Maryland Board of Examiners
of Nursing Home Administrators**

Certification of Health for Nursing Home Administrator or Administrator-In-Training

Certification is required of all persons upon application with the Board of Examiners of Nursing Home Administrators for the Administrator-In-Training program, or for licensure by endorsement.

To be completed by the Applicant:

Name: _____

Address: _____

To be completed by Licensed Physician, Physician's Assistant or Nurse Practitioner:

Appropriate Immunizations	Current?		Any Immunization Recommendations
	Yes	No	
Td (tetanus), Hep. B, MMR, etc.			

By my signature below, I certify that the above named person does not have any communicable disease, including tuberculosis that poses a significant risk of transmission in a nursing facility, or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

Date: _____

Licensed Physician, Physician's Assistant or Nurse Practitioner (Type or Print)

Signature: _____

License/Registration #: _____ State* Granting License/Registration: _____

*For initial application of an out-of-state applicant, the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.