

MARYLAND STATE BOARD OF EXAMINERS OF
NURSING HOME ADMINISTRATORS

VERIFICATION OF OUT-OF-STATE LICENSURE STATUS

SECTION I: TO BE COMPLETED BY APPLICANT, THEN FORWARDED TO EACH STATE WHERE YOU HAVE OR HAVE HELD A LICENSE AS A NURSING HOME ADMINISTRATOR, ALONG WITH ANY APPLICABLE FEES THAT MAY BE REQUIRED BY THAT STATE:

- A. Present Address _____
- B. Date of Birth _____ Social Security Number _____
- C. NHA License Number _____ Expiration Date _____
- D. Present Employment _____

PERMISSION FOR RELEASE OF INFORMATION:

I hereby give my permission to the Nursing Home Administrator Licensing Board in the State of _____ to release necessary information to the Maryland Board of Examiners of Nursing Home Administrators for the purpose of licensure verification.

(signature)

(printed name)

(date)

SECTION II: TO BE COMPLETED BY STATE LICENSING BOARD

1. Was this individual originally licensed in your state? Yes _____ No _____
If "yes" on what date: _____
If "no" what was the state of original licensure? _____
2. According to your records, at the time of application:
- A. What was the applicant's highest level of education?
High School only _____ Associate Degree _____
Baccalaureate Degree _____ Masters _____
- B. How long has this individual served in the following capacities in a certified/licensed in-patient health care facility.
Administrator _____ years _____ months
Administrator-In-Training _____ years _____ months
Assistant Administrator _____ years _____ months
Other (Specify) _____ years _____ months

C. Did this individual complete the Professional Examination Service (PES) nursing home administrator licensure examination or the National Association of Long Term Care Licensing Boards' (NAB) examination in your state? Yes _____ No _____
Which one? NAB _____ PES _____ Date of exam _____ Form
Number _____ Total Raw Score _____ Total Scale Score _____

3. Is this individual presently in good standing with your Board? Yes _____ No _____
If "No" – please explain: _____

4. According to your records, has this individual ever been disciplined by your Board or other State Agency? Yes _____ No _____

5. According to your records, has this individual ever been convicted of a violation of the law, other than a minor traffic violation, in your state or any other state, territory or jurisdiction? Yes _____
No _____

If "Yes" – please explain: _____

6. Do you wish to make any additional comments on this individual? _____

Signed _____ Title _____

Date _____

Seal

Thank you for your cooperation. Please return this form to:

Maryland State Board of Examiners of
Nursing Home Administrators
4201 Patterson Avenue, Room 305
Baltimore, MD 21215