



**New Jersey Department of Health
Nursing Home Administrators Licensing Board**

Mailing Address:
PO Box 358
Trenton, NJ 08625-0358

Overnight Services (UPS, FedEx, Airborne):
120 South Stockton Street, 3rd Floor
Trenton, NJ 08608-1832

**REQUEST FOR RECIPROCITY
VERIFICATION OF OUT-OF-STATE LICENSURE STATUS**

SECTION I - TO BE COMPLETED BY APPLICANT		
Please complete the requested information in Section I. Forward a separate form to the State Nursing Home Administrators Licensing Board in each state in which you are/were licensed as a Nursing Home Administrator.		
Name <i>First</i> _____ <i>M.</i> _____ <i>Last</i> _____	Social Security Number _____	
Current Home Address _____	Date of Birth _____	
City, State, Zip _____		
Day Telephone Number _____	Evening Telephone Number _____	
PERMISSION FOR RELEASE OF INFORMATION		
I hereby give my permission to the Nursing Home Administrators Licensing Board in the State of _____ to release necessary information to the New Jersey Nursing Home Administrators Licensing Board for the purpose of licensure verification.		
Date _____	Signature _____	
SECTION II		
TO BE COMPLETED BY THE STATE NURSING HOME ADMINISTRATOR LICENSING BOARD WHERE LICENSE WAS GRANTED		
The individual named above has applied for licensure as a Nursing Home Administrator in New Jersey. Please provide the following information regarding this applicant and return this form to the above address.		
NHA License Number _____	Date License Initially Issued By Your State _____	License Expiration Date _____
Did this individual participate in a nursing home administrator licensure examination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of AIT hours completed: _____		
If Yes, type of examination: <input type="checkbox"/> NAB <input type="checkbox"/> PES <input type="checkbox"/> NAB/PES (1982-Present)		
Date of Examination: _____		Form No.: _____
Total Raw Score: _____		Total Scaled Score: _____
If No, was equivalency/reciprocity granted from another state? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name of state: _____		
Is this individual in good standing with your Board? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain: _____		
Has any disciplinary or licensure action (i.e., reprimand, formal hearing, censure, suspension, revocation, etc.) been taken against this individual by your Board or any other state agency? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please attach explanation)		
Name of Board Chair/Representative _____		Title _____
Date _____	Signature _____	