

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

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

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

Overnight Services (UPS, FedEx, Airborne):
25 South Stockton Street, 2nd Floor
Trenton, NJ 08608-1832

INSTRUCTIONS: Complete as much information as possible on the form itself, then attach additional sheets as necessary and number the response(s) to correspond to the numbers listed on this form. Please print or type.

1. Name of Applicant		2. Name of Licensed Long Term Care Facility Site	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
3. Social Security No.	4. Date of Birth	5. Place of Birth	
6. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach copy of green card declaration of independence.		7. Date of Naturalization	
8. Home Telephone Number ()	9. Work Telephone Number ()	10. Email Address	
11. Have you ever been convicted of a crime or offense (other than traffic violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain:			
12. Type of Program <input type="checkbox"/> Administrative Intern Program (N.J.A.C. 8:34-4.2) <input type="checkbox"/> Equivalency-Graduate School Program (N.J.A.C. 8:34-4.4) <input type="checkbox"/> License by Equivalency (Reciprocity) (N.J.A.C. 8:34-6.8)			
13. PROFESSIONAL EXPERIENCE - Start with present or most recent position and work back.			
A. Name and Address of Employer, Firm or Organization		B. Title of Position	
		C. Dates of Employment From: To:	D. Hours Worked Per Week
E. Description of Duties			
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APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE (Continued)

Name of Applicant	Social Security No.
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14. EDUCATION
List colleges, universities and professional schools you have attended. Attach copies of all transcripts. Attach additional sheet if necessary.

Name and Location of School	Dates Attended	Graduated	Major Area of Study	Minor Area of Study	Diploma/ Degree
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

15. PROFESSIONAL CERTIFICATES AND/OR LICENSES HELD
Include such items as Licensed Nursing Home Administrator, MD, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each license you hold or have ever held. Attach additional sheet if necessary.

Type of Certificate or License	Name of State	Year of Original Issue	Year of Latest Issue	Exp. Date of Current Cert. or License	Current/Latest Reg. Number	Action Taken Against This License?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Explanation of action taken against license:

17. THE ITEMS DESCRIBED BELOW MUST ACCOMPANY THIS APPLICATION

- a. If you are currently employed in a health care facility, name of the facility and current license number of the facility
- b. Organization chart for the administrative body of the facility
- c. Current job description
- d. Three (3) letters of reference from individuals, not related to you, who will attest to your good moral character and administrative ability
- e. Official college transcript

18. FEE INFORMATION
APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE FEE OF \$100.
MAKE CHECK OR MONEY ORDER PAYABLE TO: "TREASURER, STATE OF NEW JERSEY."

CHECK/MONEY ORDER NUMBER	DATE OF CHECK/MONEY ORDER	AMOUNT OF FEE ENCLOSED
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19. CERTIFICATION

State of _____ ss:

County of _____

I affirm that I am the applicant and that I have examined the contents of this application and the accompanying documents and that the statements in this application and the accompanying documents are true and correct to the best of my information and knowledge.

Signature _____

Subscribed and sworn to before me this _____ day of _____, A.D. 20_____ At _____

My commission expires _____

 Signature of Officer Administering Oath

NOTE: All documents become the property of this Department and will not be returned to the applicant.