



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

STATE BOARD OF LONG-TERM CARE 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 Long-Term Care Administrators
4201 Patterson Avenue, 3rd Floor
Baltimore, MD 21215**