



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? \_\_\_\_\_

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Signed

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**Title**

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Date

Seal

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

**Maryland State Board of Long-Term Care Administrators**  
**4201 Patterson Avenue, 3<sup>rd</sup> Floor**  
**Baltimore, MD 21215**