

NEVADA BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS

RFA LICENSEE FACILITIES FACT SHEET

Licensee Name _____ RFA License No. _____
 Email Address: _____

Upon the termination of your affiliation with a facility for any reason, you SHOULD IMMEDIATELY NOTIFY BELTCA IN WRITING AND RETURN THE LICENSE NAMING THAT FACILITY TO BELTCA. To be in compliance with NAC 654.181, such notice must be received by BELTCA within 15 days of this change or you will be in violation of NAC 654.181, and you will be fined.

**Requests for licenses naming a facility cannot be issued until the license from the previous administrator is received by BELTCA
 THE SIGNATURE OF THE FACILITY OWNER OR OWNER'S REPRESENTATIVE IS REQUIRED FOR ALL NEW ADDITIONS.**

Primary Facility - Please indicate		NEW	EXISTING
Name:	_____ Facility License No.		No. Beds
Address:	Number	City	State Zip Code
Tel No.	Fax No.	Email:	
Owner Authorization :			Effective Date:

Facility "A" - Please indicate		NEW	EXISTING
Name:	_____ Facility License No.		No. Beds
Address:	Number	City	State Zip Code
Tel No.	Fax No.	Email:	
Owner Authorization :			Effective Date:

Facility "B" - Please indicate		NEW	EXISTING
Name:	_____ Facility License No.		No. Beds
Address:	Number	City	State Zip Code
Tel No.	Fax No.	Email:	
Owner Authorization :			Effective Date:

Facility "C" - Please indicate		NEW	EXISTING
Name:	_____ Facility License No.		No. Beds
Address:	Number	City	State Zip Code
Tel No.	Fax No.	Email:	
Owner Authorization :			Effective Date:

Facility "D" - Please indicate		NEW	EXISTING
Name:	_____ Facility License No.		No. Beds
Address:	Number	City	State Zip Code
Tel No.	Fax No.	Email:	
Owner Authorization :			Effective Date:

Attested to: _____
 Licensee Signature

Date:

