

NEVADA BOARD OF EXAMINERS  
FOR LONG TERM CARE ADMINISTRATORS

59 Damonte Ranch Parkway, Suite B 373

Reno, NV 89521

Phone: (775) 384-1208

Fax: (775) 384-1108

**LICENSE VERIFICATION**

\_\_\_\_\_ has made application for reciprocal licensure or endorsement as a Nursing Facility Administrator in the State of Nevada. The applicant stated that he/she is currently or was previously licensed in your State. Please complete the following and return to this office within ten (10) days.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Education: High School \_\_\_\_\_ College \_\_\_\_\_ Graduate \_\_\_\_\_ Post Graduate \_\_\_\_\_  
(Mark highest level)

1. Original License Number	Issue Date	Expiration Date	State of Original Licensure
			(If not your state)

License Status: ..... Active ☐ ..... Inactive ☐ ..... Expired ☐

2. Did applicant successfully complete an Administrator-In-Training Program?  
Yes ☐ ..... Number of Hours  ..... No ☐

3. Exam taken: NAB ☐ ..... PES ☐ ..... Other ☐ ..... Date \_\_\_\_\_ State \_\_\_\_\_

Passing Raw Score  ..... Passing Scale Score

4. Is the applicant now in good standing with your Board? ..... Yes ☐ ..... No ☐

5. Has the applicant ever been disciplined by your Board? ..... Yes ☐ ..... No ☐

If yes, please explain: \_\_\_\_\_

6. Is the applicant currently being investigated for any possible criminal action or further Board disciplinary action?

Yes ☐ ..... No ☐ ..... If yes, please explain: \_\_\_\_\_

**I certify that the information provided is true and correct according to the records of this board.**

\_\_\_\_\_  
Signature of Executive Officer

Seal

Agency name, address and phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return completed form to the address above.