

NEVADA BOARD OF EXAMINERS
 FOR LONG TERM CARE ADMINISTRATORS
 3157 N. Rainbow Blvd., #313
 Las Vegas, Nevada 89208
 Phone: (702) 486-5445
 Fax: (702) 486-5439

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
			<i>(if not your state)</i>

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.