

# North Carolina State Board of Examiners For Nursing Home Administrators

3733 National Drive, Suite 110  
Raleigh NC 27612  
919-571-4164 Fax: 919-571-4166  
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## RECIPROCITY/ENDORSEMENT LICENSURE QUESTIONNAIRE

\_\_\_\_\_ has made application for reciprocal licensure or endorsement as a Nursing Home Administrator in our State. According to the information he/she has filed, the applicant stated he/she is currently or was licensed in your State. Would you, therefore, please complete the following and return to this office within five (5) days.

PRESENT

ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

1. Is the above information the same as your records indicate? Yes \_\_\_\_ No \_\_\_\_

If no, please explain \_\_\_\_\_

2. Was this applicants original NHA license issued in your state? Yes \_\_\_\_ No \_\_\_\_

If "yes": Permanent License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

If "no": Name state of original licensure \_\_\_\_\_ Date of License \_\_\_\_\_

3. According to your records:

A. Does this Applicant have a valid, current, active license? Yes \_\_\_\_ No \_\_\_\_ \* Exp. Date \_\_\_\_\_

B. Is the Applicant now in good standing with your Board? Yes \_\_\_\_ No \_\_\_\_\*

C. Has the applicant ever been disciplined by your Board  
or the Board of any other state? Yes \_\_\_\_ \*No \_\_\_\_

D. Has the applicant ever been convicted of a felony? Yes \_\_\_\_ \*No \_\_\_\_

E. Is the applicant currently under investigation by your  
Board? Yes \_\_\_\_ \*No \_\_\_\_

\*Explain these answers, please: \_\_\_\_\_

4. At the time this individual was licensed, according to your rules and statutes, which examination was required? NAB \_\_\_\_ PES \_\_\_\_ Other \_\_\_\_

4a. According to your records did the applicant take a written examination for licensure? Yes \_\_\_ No \_\_\_

<u>EXAMINATION</u>	<u>DATE</u>	<u>SERIES #</u>	<u>TOTAL RAW SCORE</u>	<u>SCALE SCORE</u>
___ NAB CORE	_____	_____	_____	_____
NHA	_____	_____	_____	_____
___ PES	_____	_____	_____	_____
___ OTHER	_____	_____	_____	_____

5. At the time this individual was licensed, according to your rules and statutes, was a Core of Knowledge course in Nursing Home Administration required? Yes \_\_\_ No \_\_\_

5a. According to your records did the applicant take a Core of Knowledge course in Nursing Home Administration? Yes \_\_\_ No \_\_\_

6. At the time this individual was licensed, according to your rules and statutes, was an internship in a long term care facility required? Yes \_\_\_ No \_\_\_

6a. According to your records did the applicant complete an internship in a long term care facility? Yes \_\_\_ No \_\_\_

7. At the time this individual was licensed, according to your rules and statutes, what level of education was required?

- |   |  |
|---|--|
| 1) ___ High School Diploma  | 4) ___ Associate Degree                |
| 2) ___ GED Certificate  | 5) ___ Baccalaureate Degree            |
| 3) ___ At least 60 semester or 90 quarter<br>hours college credit | 6) ___ Master's Degree                 |
|   | 7) ___ Other Degree (Specify)<br>_____ |

7a. According to your records what is the actual level of education this individual has attained?  
\_\_\_\_\_

8. Nursing Home Administrator experience since original licensure? Years \_\_\_ Months \_\_\_

The above information was taken from Board records and I hereby certify that I am custodian of all books and licensure records pertaining to nursing home administrators licensed by the Board of Examiners of Nursing Home Administrators.

\_\_\_\_\_  
Chairman or Designated Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
State of

SEAL

RETURN TO:  
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