



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

www.ncbenha.org

email: ncbenha@mindspring.com

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 | _____ | _____ | _____ | _____ |
| ___ 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 hours college credit | 6) ___ Master's Degree |
| | 7) ___ Other Degree (Specify) _____ |

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

SEAL

Date

State of

RETURN TO:
NC State Board of Examiners for Nursing Home Administrators
3733 National Drive, Suite 110
Raleigh, NC 27612
919/571-4164