

EMERITUS STATUS APPLICATION

NURSING HOME ADMINISTRATORS LICENSING BOARD

P.O. BOX 522

WINFIELD, WV 25213

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LICENSE RENEWAL 2012-2013

LIC. NO. _____ **EMERITUS STATUS FEE: \$100.00**

SOCIAL SECURITY NO. ____ / ____ / _____

NAME:

Last	First	Middle
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HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PH. NO: (_____) _____

EMAIL ADDRESS: _____

To insure compliance with federal law, the nursing home administrators licensing board is obligated to inform each applicant or licensee that reporting of his/her social security number is mandatory in order for the board to comply with the requirements of the healthcare integrity and protection data bank (HIPDB). I understand that any final disciplinary action taken against my nursing home administrator's license will be reported to the healthcare integrity protection data bank. I also understand that my social security number will be used in such reporting.

RETIREMENT DATE: _____

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that emeritus status is only available to persons who hold a current NHA license and have retired as nursing home administrators in West Virginia following twenty years of practice as a nursing home administrator, with the last ten (10) years of practice being consecutive years in West Virginia and retirement from active practice within the profession. Final approval will not be granted until proof of

retirement is made available to the Board. When emeritus status limited employment is secured, administrators shall notify the licensing board of their employment start date, facility name, address and contact numbers.

DATE

SIGNATURE OF APPLICANT
