

**WV Nursing Home Administrators Licensing Board
P. O. BOX 522
WINFIELD, WV 25213**

NHA RECIPROCITY/ENDORSEMENT FORM

NAME: _____ **D.O.B:** _____

ADDRESS: _____ **SSN:** _____

CITY & STATE: _____ **ZIP CODE:** _____

TELEPHONE: HOME () _____ **WORK: ()** _____

NHA LICENSE NUMBER: _____ **STATE ISSUED:** _____

DATE ISSUED: _____ **DATE EXPIRES:** _____

STATE OF ORIGINAL LICENSE: _____ **YES** _____ **NO** _____

IF NO: WAS LICENSE THROUGH RECIPROCITY? YES _____ **NO** _____

FROM WHAT STATE? _____

STATUS OF LICENSE: ACTIVE _____ **INACTIVE:** _____ **EXPIRED:** _____

EXAM SCORE: NAB _____ **PES** _____ **OTHER** _____

RAW SCORE: _____ **SCALE SCORE:** _____ **DATE OF EXAM:** _____ **STATE:** _____

WAS AN AIT SUCCESSFULLY COMPLETED? YES _____ **NO** _____

HAS THE BOARD EVER DISCIPLINED THE APPLICANT? YES _____ **NO** _____

(if yes, please explain):

IS THERE ANY INVESTIGATION OR DISCIPLINARY ACTION PENDING?
YES _____ **NO** _____

TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN CONVICTED OF A FELONY?
YES _____ **NO** _____

INDIVIDUAL COMPLETING FORM: _____ **STATE:** _____

TITLE: _____ **DATE:** _____

ADDITIONAL COMMENTS: _____

STATE SEAL

RETURN TO: NURSING HOME ADMINISTRATORS LICENSING BOARD