

**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