

WEST VIRGINIA NURSING HOME ADMINISTRATORS LICENSING BOARD
P.O. Box 522
Winfield, WV 25213
Telephone 304-586-4070
Fax - 304-586-4079
Email - veronica.s.cummings@wv.gov

APPLICATION FOR EMERGENCY PERMIT

I hereby submit this application for an Emergency Permit to act as Person In Charge for up to six months only and not renewable. {**Fee - \$300** payable by Certified Check, Money Order or Corporate Check to the WV NHALB.}

Please Print or Type the Required Information

Name _____ Social Security # _____ / _____ / _____
Last First Middle

Date of Birth: _____ Birth Place: _____

Residence Address: _____

Email Address: _____

Name & Address of Present Employer: _____

Did you graduate from High School? ___Yes ___No Year graduated: _____

Name and Location of High School last attended: _____

<u>College or University</u> <u>Granted</u>	<u>Location</u>	<u>Dates</u> <u>To - From</u>	<u>Credit</u> <u>Hours</u>	<u>Degree</u>
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PURSUANT TO W. VA. CODE § 48A-5A-5(c) EACH APPLICANT FOR LICENSE MUST ANSWER THE FOLLOWING QUESTIONS AND CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THESE ANSWERS ARE TRUE AND CORRECT.

- | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|
| 1. Do you have a child support obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to question 1, above, is yes, | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you in arrearage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to question 2, above is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you the subject of a child support related subpoena or warrant? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS APPLICATION, YOU MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE REVOCATION OR SUSPENSION OF YOUR LICENSE.

I, _____ do hereby certify, under penalties of perjury and false swearing, that the above questions are true and correct to the best of my knowledge.

APPLICANT

Answer each of the following questions by checking either "Yes" or "No":

Have you ever been convicted of a felony? ____Yes ____No

Is there any criminal charge, other than a traffic violation against you? ____Yes ____No

Are you licensed as a nursing home administrator in any other state? ____Yes ____No

If yes list state and license number: _____
State Lic. #

Has any application for a nursing home administrator's license ever been denied you?
____Yes ____No

Has your nursing home administrator's license ever been suspended or revoked?
____Yes ____No

PLEASE EXPLAIN IN DETAIL YOUR REASON FOR REQUESTING AN EMERGENCY PERMIT TO ACT AS PERSON IN CHARGE:

Name of Facility: _____ Bed Capacity: _____

AFFIDAVIT OF APPLICANT: Name _____

Social Security No. _____/_____/_____

State of _____

County of _____

I here by certify that, to the best of my knowledge and belief, there are no misrepresentations or falsifications in the statements and answers I have given in this application.

Applicant's Signature in Full _____

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of Notary _____

My Commission Expires _____ 20____

EMERGENCY PERMIT AFFIDAVIT

As of February 1, 1999, request for issuance of an emergency permit must be petitioned from the owner, or governing body, of the nursing home facility. It is understood that a person who is a holder of an emergency permit shall not use the title of Administrator, Nursing Home Administrator or abbreviation N.H.A.. The licensing board suggests permit holders to use the title of "Person In Charge.
**A Director of Nursing cannot serve as PIC if the nursing home has a licensed capacity of 30 or more beds.

PLEASE EXPLAIN IN DETAIL YOUR REASON FOR REQUESTING AN EMERGENCY PERMIT:

I hereby make request that _____ be Person In
(name of acting administrator)

Charge for _____
(facility name)

State of _____

County of _____

I hereby certify that, to the best of my knowledge and belief, there are no misrepresentations or falsifications in the statements and answers I have given in this emergency permit request.

Petitioners Signature in Full _____

Petitioners Title _____

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of Notary _____

My commission Expires _____ 20_____