

WEST VIRGINIA NURSING HOME ADMINISTRATORS LICENSING BOARD

P.O. Box 522

Winfield, WV 25213

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**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 - \$400 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.

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**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 NHA. 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:

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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\_\_\_\_