WEST VIRGINIA NURSING HOME ADMINISTRATORS LICENSING BOARD
P.O. Box 522
Winfield, WV 25213
Telephone 304-586-4070
Fax - 304-586-4079
Email - kimberly.dawson@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 - $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: _____

_____

College or University Granted	Location	Dates To – From	Credit Hours	Degree

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.

	YES	NO
1. Do you have a child support obligation?	☐	☐
2. If the answer to question 1, above, is yes,	☐	☐
3. Are you in arrearage?	☐	☐
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?	☐	☐
3. Are you the subject of a child support related subpoena or warrant?	☐	☐

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 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:

_____

_____

_____

_____

_____

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_____