

LICENSE RENEWAL NOTICE

Article 25, Chapter 30, Code of West Virginia, provides that the license of every person licensed as a nursing home administrator shall expire on the 30th day of June each year.

In order to renew your license for 2012-2013, the enclosed application for Administrator's License Renewal must be completed and returned along with **(\$300) certified check, corporate check, or money order payable to: WV NHALB**. Please be sure to answer each question, then sign & date the form.

Twenty NAB approved continuing education hours are mandatory for renewal of license. **Attach confirmation of your hours to the renewal form.**

Applications must be returned to the board office in sufficient time to allow for review and issuance of license, in order for you to receive your license by the deadline date of June 30, 2012.

WEST VIRGINIA NURSING HOME ADMINISTRATORS LICENSING BOARD

P. O. BOX 522
WINFIELD, WV 25213
PHONE (304) 586-4070
FAX – (304) 586-4079
alberta.slack@wv.gov

ANNUAL RENEWAL FORM 2012-2013

LIC. NO. _____ License Renewal Fee: \$300.00

SOCIAL SECURITY NO. ____ / ____ / _____

NAME:

| Last | First | Middle |
|------|-------|--------|
|------|-------|--------|

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PH. NO: (_____) _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

WORK PH. NO. (_____) _____

EMAIL ADDRESS _____

(Answer questions 1 through 7)

1. How many years have you actively worked as a Nursing Home Administrator since initial licensure? ____ Years ____ Months
2. During the past 12 months, how many weeks did you work as a Nursing Home Administrator? _____ Weeks
3. Are you currently working as a Nursing Home Administrator? ____ Yes ____ No
(If you answered no to this question, please indicate your profession and title held)

(COMPLETE OTHER SIDE)

4. Since you last renewed your license, have you been convicted of a felony or misdemeanor; entered a plea of guilty or nolo contendere; entered a plea under a first offender provision; or had a professional license or membership sanctioned either publicly or privately?
_____Yes _____No
5. Since you last renewed your license, have you had any judgement filed against you related to the practice of Nursing Home Administration? ____Yes ____No
6. Are you now or have you been addicted to alcohol, narcotics, barbiturates or habit forming drugs during this renewal period? ____Yes ____No
7. To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional association? ____Yes ____No

If you answered "yes" to any of the above questions, attach an explanation, relevant documents, and a description of the current status.

To insure compliance with federal law, the nursing home administrators licensing board is obligated to inform each applicant or licensee that reporting of his/her social security number is mandatory in order for the board to comply with the requirements of the healthcare integrity and protection data bank (HIPDB). I understand that any final disciplinary action taken against my nursing home administrator's license will be reported to the healthcare integrity protection data bank. I also understand that my social security number will be used in such reporting.

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications for practice as a nursing home administrator.

DATE

SIGNATURE OF APPLICANT