

LICENSE RENEWAL NOTICE

NEW INFORMATION.....PLEASE READ/Personal Checks Not Accepted

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 2020-21, the enclosed application for Administrator's License Renewal must be completed and returned along with a **(\$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 your license. **Attach confirmation of your hours to the renewal form using ONLY the NABVerify report.** The report should consist of the name of the course and the NAB number. Do not send the report that has the description of the courses. If you have not registered at NABVerify, send me an e-mail so that I can send you information on how to register. If the provider has not recorded your hours, you will need to do so yourself.

Do not send in one item at a time. Your renewal form, fee and NABVerify report should all be sent at the same time. This is so that errors are not made and you receive your license before July 1, 2019. Do not send any certificates with your renewal form, the report takes care of that. If you receive any certificates, keep those for your record in case of an error.

Applications must be returned to the board office at least 2 weeks prior to the expiration date to allow sufficient time for review and issuance of your license prior to the expiration date of June 30, 2020. There will be a \$100 late fee if not received.

Thank you in advance for your cooperation.

WEST VIRGINIA NURSING HOME ADMINISTRATORS LICENSING BOARD

P. O. BOX 522

WINFIELD, WV 25213

PHONE (304) 586-4070

FAX – (304) 586-4079

veronica.s.cummings@wv.gov

ANNUAL RENEWAL FORM

LIC. NO. _____

License Renewal Fee: \$300.00/No Personal Cks.

SOCIAL SECURITY NO. _____ / _____ / _____

NAME:

Last	First	Middle
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HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PH. NO: (_____) _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

WORK PH. NO. (_____) _____

COUNTY _____

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, has a judge or jury entered a judgment against you related to your practice as a nursing home administrator? Do not include lawsuits filed against you or the facility at which you worked or any settlement agreements. ____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 National Practioner Data Bank (NPDB). I understand that any final disciplinary action taken against my nursing home administrator's license will be reported to the National Practioner 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