WEST VIRGINIA NURSING HOME ADMINISTRATORS LICENSING BOARD
P. O. BOX 522
WINFIELD, WV 25213
PHONE (304) 586-4070
FAX – (304) 586-4079
kimberly.dawson@wv.gov

ANNUAL RENEWAL FORM

LIC. NO. _____ **License Renewal Fee: $400.00/NO Personal Checks**

SOCIAL SECURITY NO. ___ ___ ___ / ___ ___ / ___ ___ ___ ___

NAME:

_____

Last **First** **Middle**

HOME ADDRESS_____

CITY _____ **STATE**_____ **ZIP CODE**_____

HOME PH. NO: (___)_____

***PERSONAL EMAIL** _____

WORK EMAIL_____

PLACE OF EMPLOYMENT _____

STREET ADDRESS _____

CITY _____ ***STATE***_____ ***ZIPCODE***_____

WORK PH. NO. (_____) _____

COUNTY _____

(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 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 status.

To ensure compliance with federal law, the Nursing Home Administrator's Licensing Board is obligated to inform each applicant or licensee that reporting of his/her social security number is mandatory 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**

**Fees are mailed to: WV NHALB, PO Box 40447, Charleston, WV 25364
Legible signature or print your name under the signature. Money order, corporate check or certified/cashier's check. NO personal checks. Corporate checks are slow; you need to request early and give the above address. NOTHING goes in the envelope but the fee, this is a lockbox for the Treasurer's Office.

The Renewal Form and **one-page NABVerify Report is mailed to:
WV NHALB, PO Box 522, Winfield, WV 25213. Print just the current hours taken for renewal.....one-page, please. NAB OR WV HEALTH CARE ASSOC. CEU'S ONLY

SEND FIRST CLASS MAIL ONLY – no certified mail or overnight

Send no later than June 6th or a $50.00 late fee will be charged before license is mailed.