

Nursing Home Administrators Licensing Board

P.O. Box 522, Winfield, WV 25213

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APPLICATION FOR TEMPORARY PERMIT

I hereby submit this application for an Temporary Permit to act as Person In Charge until such time as a license by reciprocity can be obtained; ninety (90) days renewable at the discretion of the Board. It is understood that a person who is a holder of a temporary permit shall not use the title of Administrator, Nursing Home Administrator or abbreviation N.H.A.. The licensing board suggests permit holders to use the title of "Person In Charge". {Fee - \$300 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: _____

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>Location</u>	<u>Dates To – From</u>	<u>Credit Hours</u>	<u>Degree Granted</u>

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to question 1, above, is yes, are you in arrearage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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"/> |
| 4. 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.

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 A TEMPORARY 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____