Nursing Home Administrators Licensing Board

P.O. Box 522, Winfield, WV 25213
PH# 304-586-4070
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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 - $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: _____

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	Location	Dates To – From	Credit Hours	Degree Granted

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, are you in arrearage?	☐	☐
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?	☐	☐
4. 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 reovked?
_____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_____