



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Nursing Home Administrator Licensure Application

Please check one: Initial Endorsement Reinstatement CT License # _____

Last Name: _____ First Name: _____ MI: _____ Maiden Name: _____

Date of Birth: ____/____/____ Social Security No.: ____-____-____ Gender: _____

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: (____) _____ E-mail: _____

Are you now or have you ever been licensed in any other state? YES NO .

If yes, please list all _____

Please indicate which month you plan to attend the state law examination: All applications must be postmarked (or hand delivered) no later than the deadline date.

January March May

July September November

At the exam, do you require accommodation for any disability? YES NO . If yes, attach a separate written statement to the application, briefly describing the nature of your disability and the accommodation you are seeking. Upon review of your request, this office will contact you for appropriate documentation.

College Degrees Received:

College	Degree Earned	Year Earned
_____	_____	_____

Internship Program: List all academic courses taken as part of internship:

Course	School	Date	Grade
_____	_____	_____	_____

List all Work Experiences Associated with the Internship:

Facility	Location	Positions/Duties	Dates
_____	_____	_____	_____

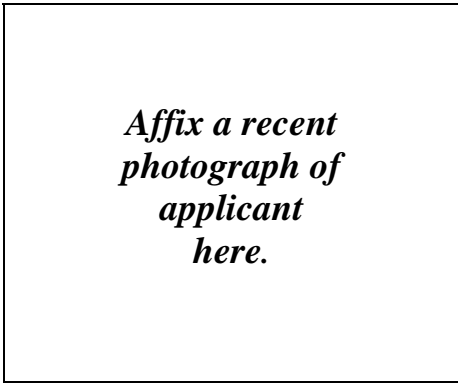
PROFESSIONAL HISTORY: Answer the following questions by checking YES or NO.

1. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES NO
2. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you? YES NO
3. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES NO
4. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? YES NO
5. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES NO
6. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES NO

****If you answered yes to any of the above statements, please give full details on a separate, NOTARIZED statement.***

PHOTOGRAPH:

NOTARIZATION



On this _____ day of _____ of 20 _____,
 _____ (applicant's name)
 personally appeared before me, who being duly sworn says that she/he is the
 person referred to in the foregoing application and that the photograph
 attached hereto is a true picture of self and that the statements made herein
 are true in every respect.

Signature of Applicant

Sworn to me this _____ day of _____ of 20 _____.

Signature of Notary Public My commission expires _____

Please return this application and fee for \$200.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:

Department Of Public Health
 Nursing Home Administrator Licensure- Remittance Unit
 410 Capitol Ave., **MS# 12 MQA**
 P.O. Box 340308
 Hartford, CT 06134-0308