

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Nursing Home Administrator Licensure Verification of Licensure/Certification/Registration

## TO BE COMPLETED BY APPLICANT

Applicant - Complete the top portion of this form and forward it to each state where you have been licensed, certified or registered as a nursing home administrator (make copies as necessary). Name: First Last Middle Maiden Address: \_\_\_\_ No. & Street City State Zip Code \_\_\_\_\_ Date Issued \_\_\_\_\_ Original License number \_\_\_\_\_ (in the state to which the form is being forwarded) I hereby authorize the \_\_\_\_ \_\_\_\_\_ to furnish the Connecticut Department of Public Health the information requested below. \_\_\_\_\_ Date \_\_\_\_\_ Signature TO BE COMPLETED BY LICENSING AGENCY ONLY This is to certify that the above named individual was issued license number \_\_\_\_\_ to practice as a nursing home administrator effective Basis for licensure in your state: Endorsement Examination Lapsed **Current Status:** Active Inactive Date license expires: \_\_ Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? **YES** NO If yes, please forward all publicly discloseable information regarding the individual's status and the basis for same. **SEAL** Title: Signed: Date:

Please return directly to:

Telephone Number: \_\_\_\_\_

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