



		submitted:	Total hours

**ANSWER THE FOLLOWING QUESTIONS**

*For any yes answers, attach detailed explanation on separate pages.*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any limitation or restriction, action, including disciplinary action or any agreement for any reason, including rehabilitation been taken or entered against your NHA license by a licensing board with the last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your NHA license been suspended or revoked within the last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any application for an NHA license been denied to you within the last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony within the last year? If yes, attach detailed explanation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any criminal charge, other than a traffic violation, now pending against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your facility been decertified in the last year?

*This application must be signed in the presence of a Notary Public.*

On this date, I hereby affirm under penalty of perjury that all statements made and information contained on 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 the information provided on this form.

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

