

STATE OF NEW MEXICO

MICHELLE LUJAN GRISHAM, GOVERNOR

Linda M. Trujillo, Superintendent

John Blair, Deputy Superintendent

NURSING HOME ADMINISTRATOR LICENSE RENEWAL

This form can be filled in using your computer. Enter information in the gray boxes and tab from box to box to move through the application. If you prefer to fill it in using a pen, be sure to print legibly.

All applicants, Inactive or Renewal, must complete this form entirely. It is your responsibility to keep the Board office informed of any changes in address or employment.

Licenses not renewed by March 31 will expire. You may not practice NHA is your license is expired or has been placed on inactive status.

| Name: Address: City/State/Zip: Phone: E-mail: Date of Birth: Employer (provide full business name even if self-employed): Employer address: Position/Title: Employment start date: Work phone: | Check application status: Renewal fee: \$200 Renewal of expired license: \$200 plus \$100 reactivation fee = total \$300 Place license on Inactive Status: fee \$75 Check if address has changed | | | | |
|--|--|------------------------|--|--|--|
| Phone: E-mail: Date of Birth: Employer (provide full business name even if self-employed): Employer address: Position/Title: Employment start date: | Name: | License #: | | | |
| Date of Birth: Employer (provide full business name even if self-employed): Employer address: Position/Title: Employment start date: | Address: | City/State/Zip: | | | |
| Employer (provide full business name even if self-employed): Employer address: Position/Title: Employment start date: | Phone: | E-mail: | | | |
| Employer address: Position/Title: Employment start date: | Date of Birth: | | | | |
| Position/Title: Employment start date: | Employer (provide full business name even if self-employed): | | | | |
| 1 0 | Employer address: | | | | |
| Work phone: | Position/Title: | Employment start date: | | | |
| 1 | Work phone: | | | | |

CONTINUING EDUCATION RECORD

Provide proof of attendance of **24** contact hours of **board approved** continuing education within the year prior to the license expiration date. List CE's below and attach copies of your CE proof of attendance certificates and/or NMHCA course approval forms.

- One contact hour = 60 minute clock hour
- Ten contact hours = one CEU
- One academic hour = fifteen contact hours

Indicate number of CE's for carryover from last renewal period:

| Date(s) | Course Title | Sponsor/ Approval Body | Hours |
|---------|--------------|------------------------|-------|
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| | | Total hours | |
|-------------------------------------|--|--|----|
| | | submitted: | |
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| | | | |
| ANSWER THE | FOLLOWING QUESTIONS | | |
| For any yes ans | swers, attach detailed explanation on s | separate pages. | |
| Yes No | Has any limitation or restriction, action, including disciplinary action or any agreement | | |
| | | on been taken or entered against your NHA lie | |
| | by a licensing board with the last yea | | |
| Yes No | Has your NHA license been suspended or revoked within the last year? | | |
| Yes No | Has any application for an NHA license been denied to you within the last year? | | |
| Yes No | Have you been convicted of a felony within the last year? If yes, attach detailed | | |
| | explanation. | • | |
| Yes No | Is there any criminal charge, other the | han a traffic violation, now pending against yo | u? |
| Yes No | Has your facility been decertified in | the last year? | |
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| This application | n must be signed in the presence of a l | Notary Public. | |
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| on this applicat thorough invest | ion are true and correct to the best of initial initiani initial initial initial initial initial initial initial initi | that all statements made and information cormy knowledge and belief. Further, I consent to other information that may be necessary to ve | a |
| the information | provided on this form. | | |



SIGNATURE____