

Alabama Board of Examiners of Nursing Home Administrators
4156 Carmichael Road, Montgomery, Alabama 36106
(334) 271-2342

Application for Renewal of NHA License

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NHA License # _____ E-mail address _____ Date _____
Last Four Digits Social Security # _____

In accordance with Act No. 986, Regular Session, 1969, I hereby make application for renewal of my license as a nursing home administrator with the Alabama Board of Examiners of Nursing Home Administrators.

NAME: _____
(Title) (Last) (First) (Middle)

ADDRESS: (Street) _____ (City) _____
(State) _____ (Zip Code) _____

Please give current home address

NAME OF FACILITY OR BUSINESS: _____

TELEPHONE: (Home) _____ (Business) _____

During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

No O Yes O If yes, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses:

License: _____; _____; _____
(Title) (Number) (State)
_____; _____; _____
(Title) (Number) (State)

Not Applicable O

Affidavit of Applicant

I hereby certify that the _____ (total hours) continuing education hours listed on this application are true and correct to the best of my knowledge and belief.

In witness whereof, I set my hand and seal this _____ day of _____, _____.

(Signature of Applicant)

Sworn to and Subscribed before me this _____ day of _____, _____.

(Notary Public)

My Commission Expires _____ County of _____ State of _____