

ENDORSEMENT/RECIPROCITY  
LICENSURE QUESTIONNAIRE

STATE

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

TELEPHONE: Home - (\_\_\_\_) \_\_\_\_\_ Work - (\_\_\_\_) \_\_\_\_\_

EDUCATION: High School \_\_\_\_ College \_\_\_\_ Graduate \_\_\_\_ Post Graduate \_\_\_\_  
(mark the highest level)

LICENSE:

License Number \_\_\_\_\_ State \_\_\_\_\_\*

Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

\*If this is **not** the state of original license, was license through reciprocity/endorsement?

Yes \_\_\_\_ No \_\_\_\_ From what state? \_\_\_\_\_

Status of License: Active \_\_\_\_ Inactive \_\_\_\_ Expired \_\_\_\_

Exam: NAB \_\_\_\_ PES \_\_\_\_ Other \_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Score: Raw \_\_\_\_\_ Scale \_\_\_\_\_ Date of Exam \_\_\_\_\_ State \_\_\_\_\_

Was an AIT/Practicum successfully completed? Yes \_\_\_\_ No \_\_\_\_

If yes, length of AIT/Practicum: \_\_\_\_\_

Has the applicant ever been disciplined by the Board? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Is there any investigation or disciplinary action pending: Yes \_\_\_\_ No \_\_\_\_

CERTIFICATION: NHA by the ACHCA: Yes \_\_\_\_ No \_\_\_\_

Individual Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ City/State: \_\_\_\_\_

RETURN FORM TO: OK ST BD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS  
3033 N. WALNUT, STE 100 E  
OK City, OK 73105