

LICENSURE BY ENDORSEMENT QUESTIONNAIRE

(Applicant to complete top portion)

Name(s) (include maiden, any aliases) _____

Address _____

Telephone: (____) _____ Business (____) _____

Date of Birth _____ SS Number _____ - _____ - _____

EDUCATION: (Mark highest level)

- High School College Graduate Post Graduate

List ALL States where applicant has ever HELD or APPLIED for a long term care administrators license (NHA, NFA, LTCA...). Applicant must provide a copy of this questionnaire to each of these states and OSBELTCA must receive the reply directly from each of these licensing agencies. Applicant is responsible for any fees charged by these agencies, if any.

(State Licensure Board to complete this portion or attach a letter that answers every question)

License # _____ Date Issued/Denied _____ Expiration Date _____

STATE _____ If this is not the state of original license, was license issued through reciprocity/endorsement? Yes No If "Yes," from what State(s)? _____

Status of License: Active Inactive Expired Other _____

NAB Exam Scaled Score _____ Date _____ State _____

State Standards Exam _____ Date _____ State _____

Was an Administrator-In-Training (AIT) Program completed? Yes No

If "yes," length of program? _____

Has applicant ever been disciplined by your Board or is there an investigation or disciplinary action pending? Yes No If "Yes," please explain on separate sheet.

PLEASE RETURN FORM TO:

OSBELTCA
2401 NW 23rd, Suite 62
Oklahoma City, OK 73107

Signature & Title of person completing report

Phone Number, City and State