

New Mexico Regulation and Licensing Department BOARDS AND COMMISSIONS DIVISION

New Mexico Nursing Home Administrators Board

5500 San Antonio Dr. NE - Albuquerque, New Mexico 87109 (505) 699-3760 - Fax (505) 222-9855 - www.rld.state.nm.us

STATEMENT OF NON-CONVICTION

NOTARY REQUIREMENT

When applying for a New Mexico Nursing Home Administrator's License, applicants are required to sign the following forms in the presence of a notary: STATEMENT OF NON-CONVICTION, DPS RELEASE OF INFORMATION and NATIONAL RELEASE OF INFORMATION FORM.

If the applicant signs and dates the document on one day and the notary public notarizes the document on another day, the act of legal witnessing has not occurred. The applicant must sign and date the document(s) in his or her own handwriting in the presence of the notary on the same date the notary witnesses the signature of the applicant. The applicant's signature may not be typed in or written in by the notary. If an error is made in the signature and/or date, a new form must be executed (witnessed by the notary). Do not try to correct the error by crossing out or using correction fluid. Documents that appear altered will be rejected!

A notary public's written declaration *purportedly* signed by the declarant (applicant) in the presence of a notary, but *in fact* signed by the notary in the *absence* of the declarant, is a violation of statute, rendering such an act a misdemeanor.

AUTHORIZATION FOR RELEASE OF INFORMATION FOR CRIMINAL BACKGROUND CHECK *Important* The applicant shall submit by mail the following items to the New Mexico Department of Public Safety (DPS) at P.O. Box 1628, Santa Fe, NM 87504-1628:

- 1. The original, notarized **AUTHORIZATION FOR RELEASE OF INFORMATION** form, typed or printed legibly in black ink (no pencil, no blue ink, no illegible writing). The applicant's signature must be written in the presence of the notary.
- A cashier's check or money order made out to **Department of Public Safety** in the amount of \$15 for processing
- 3. A stamped envelope addressed to the Nursing Home Administrators Board so that DPS can mail the background check report directly back to the Board

Note: Failure to submit the items in the manner specified will cause DPS to reject the **AUTHORIZATION FOR RELEASE OF INFORMATION** request and delay your application for licensure process with the Board.

GROUNDS FOR DENIAL, SUSPENSION, REVOCATION OF LICENSE

Pursuant to the Nursing Home Administrators Act, § 61-13-3, "CRIMINAL OFFENDER'S CHARACTER EVALUATION," and § 61-13-13, "REFUSAL, SUSPENSION OR REVOCATION OF LICENSE," a license may be denied, suspended, or revoked if the applicant has been convicted of any felony, or any misdemeanor involving "moral corruption" or which substantially relates to the practice of nursing home administration.

"Moral corruption" applies to any applicant or licensee who has been convicted of charges for acts involving any intentional dishonesty for purposes of personal gain. Examples include, but are not limited to, crimes involving extortion, fraud, bribery, embezzlement, theft, robbery, receiving or possession of stolen property, shoplifting forgery, perjury, swindling, and/or conspiracy to commit an offense involving moral corruption.

Any individual who signs the **STATEMENT OF NON-CONVICTION** after having been convicted of any felony, or misdemeanor involving moral corruption or misdemeanor which substantially relates to the practice of nursing home administration, or who gives false or dishonest answers on the application, may not be eligible for license, may be subject to disciplinary action by the board, and may also be subject to criminal prosecution for perjury.

I have read, understa	nd, and shall retain a copy of this document for my records
Applicant's signature _	
	Revision date: 02/2012

New Mexico Nursing Home Administrators Board STATEMENT OF NON-CONVICTION

Instructions to NHA license Applicant: Complete and mail with application to 5500 San Antonio Dr. NE, Albuquerque, NM 87109.

One of the requirements for licensure is satisfas provided in Section 61-13-8.A (1) of the I						
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I,Type or pint CLEARLY: Last name	First name	M.I	Social Security No.			
having been born on//	, and currer	ntly residing a	t the following	address:		
Street Address	City		State	Zip Code		
under penalty of perjury, hereby depose and depose and state that I have never been convusubstantially relates to the practice of nursin secure a license under <i>NMSA 1978</i> , § 61-13 Home Administrators Act.	victed of a misde g home adminis	meanor invol tration. This s	ving moral cor tatement is ma	ruption or that de by me to		
I recognize that if the board receives an unsatisfactory report from DPS, I may be subject to disciplinary action by the Board. I recognize that I may also be subject to criminal prosecution.						
This document must be signed in the presen	nce of a Notary	Public.				
I have read and understand the foregoing, and shall retain a copy of this document for my records.						
Signed:		Date	::/			
Attention Notary: You must ensure that this social security number, and date of birth inf		•				
Subscribed and sworn to before me this	day of		, 2	·		
State of)	My C	Commission Exp	ires:/_			
County of)	Not	tary Public				
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Revision date: 2017

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