



# New Mexico Regulation and Licensing Department

## BOARDS AND COMMISSIONS DIVISION

### Nursing Home Administrators Board

2550 Cerrillos Road • PO Box 25101 • Santa Fe, New Mexico 87504  
(505) 476-4622 • Fax (505) 476-4645 • [www.rld.state.nm.us/boards](http://www.rld.state.nm.us/boards)

## APPLICATION FOR LICENSURE

Select by **EXAM** or by **RECIPROACITY**.

### LICENSURE BY EXAM

- \$200 Application Fee payable to NM NHA Board
- \$200 License Fee payable to NMNHA Board upon notification directly from the NMNHA Board that you successfully passed the NAB/NHA exam.

*\*National Standards Exam Fee and computer-based testing site fees are payable electronically directly to NAB (National Examining Board) at the time of your online application to take the NAB/NHA exam.*

### LICENSURE BY RECIPROACITY

- \$200.00 Application Fee
- \$125.00 Temporary Permit\* (Optional)
- \$200.00 Licensure Fee

*\*The application, application fee, and copy of current NHA license must be submitted with request for Temporary Permit. Temporary Permits are valid only for 120 days. (See 16.13.5.11 NMAC).*

### SECTION I: PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

**PRINT NAME EXACTLY AS YOU WISH IT TO APPEAR ON LICENSE:**

Current Employer name, address and zip: \_\_\_\_\_

Employment Start Date/Current Employer \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_

### SECTION II: IDENTIFICATION PHOTOGRAPH

**SIGN** the back of the photo *in the presence of a notary* before attaching.

Attach signed  
**PASSPORT**  
photo here

State of \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Seal

County of \_\_\_\_\_

My Commission expires \_\_\_\_\_

**SECTION III: EDUCATIONAL INFORMATION**

A Baccalaureate Degree is the minimum educational requirement (*Nursing Home Administrators Act, Section 61-13-8, NMSA 1978*).

- Enclose a copy of your Baccalaureate Degree
- Make arrangements to have *all official transcript(s)*, up to and including your Bachelor's degree, sent *directly* to the Board office by the *institution*.
- You may also wish to have on file, a copy of additional education obtained after your Bachelor's degree.
- Master's Degree       Other: \_\_\_\_\_

**New Mexico Nursing Home Administrators Board  
APPLICATION FOR LICENSURE**

EDUCATIONAL RECORD (continued)				
University	Address of Institution	Field of Study	Degree Type	Date Awarded

**SECTION IV: LICENSURE HISTORY**

With reference to the following questions, the terms “license,” “registration,” and “certification” are considered to be synonymous. Be aware, the Board has access to national disciplinary data banks.

- YES**  **NO** Do you now hold or have you in the past held a professional license(s), i.e., Nursing Home Administrator, Social Worker, Registered Nurse, etc.? If YES, list the following information here. Finish at the bottom of the page 4 if more space is needed.

State	License Title	License No.	Issue Date	Expiration Date

- Send a copy of the **VERIFICATION OF LICENSURE REQUEST** form to *all* state licensing boards where you have been licensed as a NURSING HOME ADMINISTRATOR
- If you hold licenses in *other* professions, have those licensing boards send *letters* verifying the status of your license(s), including disciplinary history, *directly* to the NMNHA Board.

*Note: To avoid delays, contact all licensing boards or jurisdictions first to inquire if there is a fee for this service.*

**SECTION V: DISCIPLINARY HISTORY**

*If you answer **YES** to any of the following questions, attach explanations, relevant documentation, and current status.*

- YES  NO (1) Have you ever had a suit filed against you related to the practice of nursing home administration?
- YES  NO (2) Have you had a license to practice a profession revoked, suspended, or otherwise sanctioned?
- YES  NO (3) Have you been refused an initial license or renewal of a license due or pursuant to disciplinary proceedings?
- YES  NO (4) Have you knowingly failed to renew a license during an investigation or disciplinary action; or have you failed to complete the terms of a disciplinary finding, agreement, or final order in a licensing jurisdiction by just ignoring or not renewing your license?
- YES  NO (5) Have you been arrested for DWI (DUI), or in any other manner been disciplined by the courts, by an employer, or by a licensing jurisdiction for the illegal use of controlled substances or the abuse of alcohol or other drugs or intoxicants?
- YES  NO (6) If you answered Yes to (5), are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances or that you are not engaging in the abuse of alcohol or other drugs or intoxicants?
- YES  NO (7) If you answered Yes to (6), provide a copy of your contract with the Monitored Treatment Program.
- YES  NO (8) To the best of your knowledge, is there any disciplinary action pending against you by any licensing board/jurisdiction, professional society, or examining agency?
- YES  NO (9) Have you been arrested, charged or sentenced for the commission of a felony or any crime involving moral corruption?
- YES  NO (10) Are you currently more than a month in arrears in court ordered child support payments in New Mexico or any other state(s)?

**SECTION VI: ADMINISTRATOR-IN-TRAINING (A.I.T.) PROGRAM**

Pursuant to 16.13.3.9 all new applicants must submit proof of completion of at least 1000 hours in a board approved administrator-in-training program Please **enclose a copy of your Certificate of Completion** of the A.I.T. program and complete the following:

Dates	# of Hrs.	Facility Name and Address	Preceptor Name	Phone #

**New Mexico Nursing Home Administrators Board  
APPLICATION FOR LICENSURE**

**SECTION VII: WORK HISTORY**

*Provide information about your present (or most recent) job and then work backward.* Cover at least the past 12 years or all of the time since you left school. You may omit temporary jobs unless they are relevant to the health profession. If necessary, copy this page before completing and attach extra sheets if necessary. **All** information requested **must** be supplied.

*Check here if a Résumé is submitted in lieu of completing the following.* In order to be acceptable, a separate résumé must provide all information requested below.

*Employer's Name* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Dates Employed* \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ *Your Title* \_\_\_\_\_

*Employer's Address* \_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Supervisor's Name* \_\_\_\_\_

*Your Duties:*

*Employer's Name* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Dates Employed* \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ *Your Title* \_\_\_\_\_

*Employer's Address* \_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Supervisor's Name* \_\_\_\_\_

*Your Duties:*

*Employer's Name* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Dates Employed* \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ *Your Title* \_\_\_\_\_

*Employer's Address* \_\_\_\_\_

*Supervisor's Name* \_\_\_\_\_

*Your Duties:*

*Employer's Name* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Dates Employed* \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ *Your Title* \_\_\_\_\_

*Employer's Address* \_\_\_\_\_

*Supervisor's Name* \_\_\_\_\_

*Your Duties:*

*Employer's Name* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Dates Employed* \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ *Your Title* \_\_\_\_\_

*Employer's Address* \_\_\_\_\_

*Supervisor's Name* \_\_\_\_\_

*Your Duties:*

**New Mexico Nursing Home Administrators Board  
APPLICATION FOR LICENSURE**

**SECTION VIII: REFERENCES**

Contact *three* people to provide *written* moral character references for you, to be *mailed directly* to the Board, and list them below. Reference *letters must be from persons not related to you*, and must contain the address and phone number of the reference in the event the Board wishes to contact them directly. Letters on letterhead will meet these criteria.

<i>Reference's Name</i>	<i>Relationship</i>	<i>Address of Reference</i>	<i>Phone number</i>

*This application must be signed in the presence of a Notary Public.*

**SECTION IX: CERTIFICATION**

I, THE UNDERSIGNED, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications for practice as a nursing home administrator.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SECTION X: NOTARY PUBLIC**

Applicant name (print) \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me, identified and verified to me as the person whose name is subscribed to the above instrument, and who has acknowledged the same to be his/her own free act and deed.

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
My Commission expires

Seal