

New Mexico Nursing Home Administrators Board
RENEWAL APPLICATION

ANSWER THE FOLLOWING QUESTIONS

For any yes answers, attach detailed explanation on separate pages.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been licensed as a NHA in another state within the last year? If so list states and license numbers:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any limitation or restriction, action, including disciplinary action or any agreement for any reason, including rehabilitation been taken or entered against your NHA license by a licensing board with the last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your NHA license been suspended or revoked in any other state within the last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any application for an NHA license been denied to you within the last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony within the last year? If yes, attach detailed explanation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any criminal charge, other than a traffic violation, now pending against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your facility been decertified in the last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently more than a month in arrears in court ordered child support payments?

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

On this date, I hereby affirm under penalty of perjury that all statements made and information contained on 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 the information provided on this form.

SIGNATURE _____ Date: _____

County of _____

State of _____

On this _____ day of _____ 2_____, personally appeared before me _____, identified and verified to me as the person whose name is subscribed to the above instrument, and acknowledged that he/she executed the same for the purposes therein contained of his/her own free act and deed.

Notary signature: _____

My commission expires: _____

FOR OFFICE USE ONLY	Number Of CE's for Carryover:	
License mailed:	Entered:	Initial: