

New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

New Mexico Nursing Home Administrators Board
2550 Cerrillos Rd. • P.O. Box 25101 • Santa Fe, NM 87504
(505) 476-4622 • Fax (505) 476-4545 • www.rld.state.nm.us/boards

NURSING HOME ADMINISTRATOR REACTIVATION FROM EXPIRED OR INACTIVE STATUS FORM

This form can be filled in using your computer. Enter information in the gray boxes and tab from box to box to move through the application. If you prefer to fill it in using a pen, be sure to print legibly.

All applicants, Inactive or Renewal, must complete this form entirely. It is your responsibility to keep the Board office informed of any changes in address or employment.

Licenses not renewe	ed by March 31 will lapse.				
_	tatus: m Inactive Status: \$200 m Expired: \$200 plus \$100 late fee per yea	ar			
☐ Check if address	s has changed				
Name:		License #:			
Address:		City/State/Zip:			
Phone:		E-mail:			
Date of Birth:		Social Security #:			
Employer (provide	full business name even if self-employed):	•			
Employer address:					
Position/Title:		Employment start date:			
Work phone:					
Provide proof of att		continuing education completed for each year the licent of attendance certificates and/or NMHCA course appr			
Indicate number of	CE's for carryover from last renewal perio	d:			
Date(s)	Course Title	Sponsor/ Approval Body	Hours		

Total hours submitted:

New Mexico Nursing Home Administrators Board

RENEWAL APPLICATION

ANSWER THE FOLLOWING QUESTIONS

For	anv ves	answers.	attach	detailed	explanation	on se	parate pages	s.
	will yes	<i>w</i>	contract.	actuiteu	cupianiani	0.00	parate pages	•

For any yes ansi	wers, attach detatied explanation on separate pages.
Yes No	Have you been licensed as a NHA in another state within the last year? If so list states and license numbers:
Yes 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?
Yes No	Has your NHA license been suspended or revoked in any other state within the last year?
Yes No	Has any application for an NHA license been denied to you within the last year?
Yes No	Have you been convicted of a felony within the last year? If yes, attach detailed explanation.
Yes No	Is there any criminal charge, other than a traffic violation, now pending against you?
Yes No	Has your facility been decertified in the last year?
Yes No	Are you currently more than a month in arrears in court ordered child support payments?
	Are you currently more than a month in arrears in court ordered clind support payments:
On this date, I he application are tr	must be signed in the presence of a Notary Public. ereby affirm under penalty of perjury that all statements made and information contained on this rue and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my ord and other information that may be necessary to verify the information provided on this form.
SIGNATURE	Date:
On thisidentified and ve	day of, personally appeared before me, rified to me as the person whose name is subscribed to the above instrument, and acknowledged that I the same for the purposes therein contained of his/her own free act and deed.
Notary signature My commission	:expires:

Entered:

Number Of CE's for Carryover:

Initial:

FOR OFFICE USE ONLY

License mailed: