

**NEW LICENSE APPLICATION  
 NURSING HOME ADMINISTRATION**

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at 1-877-672-2174, Monday through Friday, 8:30AM to 4:30PM EST. **A charge of \$65 will be imposed for dishonored checks (Public Law 89-208).**

SECTION 1. REQUEST REGISTRATION TYPE/FEEs (includes non-refundable application fee – see instructions)											
<input type="checkbox"/> NHA – Nursing Home Administrator (By Examination) \$356.00 <input type="checkbox"/> NHA – Nursing Home Administrator (By Endorsement) \$356.00 <input type="checkbox"/> NHA – Re-examination — DISTRICT EXAM \$ 119.00 <input type="checkbox"/> NHA – Nursing Home Administrator Re-examination — NATIONAL EXAM \$85.00 <input type="checkbox"/> CBC- Criminal Background Check –To schedule an appointment (visit: <a href="https://dchealth.dc.gov/node/120532">https://dchealth.dc.gov/node/120532</a> ). For questions, call 877-614-4364 <input type="checkbox"/> Duplicate Registered License Print (limit 5) _____X \$34.00 = \$ _____.00	Make check or money order payable to <u>DC Treasurer</u> <b>MAIL TO:</b>  BOARD OF LONG TERM CARE ADMINISTRATION P.O. BOX 37802 WASHINGTON, DC 20013	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: black; color: white;"> <th colspan="3" style="text-align: center; padding: 2px;">HPLA ONLY</th> </tr> <tr style="background-color: black; color: white;"> <th style="width: 33%;">Check \$</th> <th style="width: 33%;">Check #</th> <th style="width: 33%;">Staff</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">\$ _____.00</td> <td style="text-align: center; padding: 2px;">\$ _____.00</td> <td style="text-align: center; padding: 2px;"></td> </tr> </tbody> </table>	HPLA ONLY			Check \$	Check #	Staff	\$ _____.00	\$ _____.00	
HPLA ONLY											
Check \$	Check #	Staff									
\$ _____.00	\$ _____.00										
<b>Total Enclosed</b>	<b>\$ _____.00</b>										

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION													
Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of legal name change documents for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.													
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">FIRST NAME</td> <td style="width: 5%; border-bottom: 1px solid black; text-align: center;">MI</td> <td style="width: 65%; border-bottom: 1px solid black; text-align: center;">LAST NAME</td> </tr> </table>	FIRST NAME	MI	LAST NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">M M</td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">D D</td> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;">Y Y Y Y</td> </tr> <tr> <td colspan="3" style="text-align: center;">DATE OF BIRTH</td> </tr> </table>	M M	D D	Y Y Y Y	DATE OF BIRTH			<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">SOCIAL SECURITY NUMBER</td> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;">SUFFIX (Jr, Sr, etc.)</td> </tr> </table>	SOCIAL SECURITY NUMBER	SUFFIX (Jr, Sr, etc.)
FIRST NAME	MI	LAST NAME											
M M	D D	Y Y Y Y											
DATE OF BIRTH													
SOCIAL SECURITY NUMBER	SUFFIX (Jr, Sr, etc.)												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black; text-align: center;">PLACE OF BIRTH</td> </tr> <tr> <td style="text-align: center;">Provide City and State for US birthplace or Country for foreign place of birth.</td> </tr> </table>		PLACE OF BIRTH	Provide City and State for US birthplace or Country for foreign place of birth.	<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER Please check the correct box.									
PLACE OF BIRTH													
Provide City and State for US birthplace or Country for foreign place of birth.													

SECTION 3. SUPPORTING DOCUMENTS REQUIRED			HPLA ONLY
Please indicate the supporting documents you have included with this package or requested to be sent to the DC Board of Nursing Home Administration. Keep a photocopy of all supporting documents for your records.			
A.	Completed and signed application.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
B.	Two recent passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. Home snapshots are not acceptable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
C.	Official transcript (with seal) may be sent directly from the school, but is preferred that it accompanies the application in a sealed envelope.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
D.	If applying by Endorsement; Certified examination results from the National Association of Boards of examiners of Nursing Home Administration (NAB).	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
E.	Character Reference Forms.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
F.	<b>If foreign educated,</b> you must provide a certification from a private education evaluation service showing education is equivalent to educational requirements required by DC.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
G.	<b>If foreign educated,</b> all transcripts and support documentation in a language other than English must be translated by a service that will attest to its accuracy.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
H.	Copies of legal documents supporting all name changes.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
I.	Course requirement form.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4. PREVIOUS NAME CHANGE**

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change documents for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by:  Marriage  Divorce  Court Order  Spouse Death Certificate

\_\_\_\_\_  
 FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by:  Marriage  Divorce  Court Order  Spouse Death Certificate

\_\_\_\_\_  
 FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by:  Marriage  Divorce  Court Order  Spouse Death Certificate

\_\_\_\_\_  
 FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by:  Marriage  Divorce  Court Order  Spouse Death Certificate

\_\_\_\_\_  
 FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

**SECTION 5A. HOME ADDRESS**

Even if you have a PO Box, a street address should also be provided, if applicable.

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

\_\_\_\_\_  
 HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
 HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
 CITY STATE ZIP CODE + 4

\_\_\_\_\_  
 HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS

**SECTION 5B. BUSINESS ADDRESS**

Even if you have a PO Box, a street address should also be provided, if applicable. **Please note: This information will be made available to the public.**

\_\_\_\_\_  
 COMPANY NAME

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

\_\_\_\_\_  
 BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
 BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
 CITY STATE ZIP CODE + 4

\_\_\_\_\_  
 BUSINESS PHONE NUMBER BUSINESS FAXNUMBER E-MAIL ADDRESS

**SECTION 5C. PREFERRED MAILING ADDRESS**

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.

HOME  BUSINESS

**SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED**

List all professional schools that you have attended in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

**SECTION 6B. POSTGRADUATE WORK EXPERIENCE**

List all work experience since graduation from college, university and professional school, in reverse chronological order, beginning with the most recent.

Organization/Institution	Location	Start Date	End Date	Description (Use Key Below)*	Full Time	Part Time

**\* TYPE OF POSITION KEY**

- A. Employment
- B. Private Practice
- C. Clinical Rotations
- D. Instructor/Supervisor
- E. Training
- F. Other (specify on separate sheet of paper)

**SECTION 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS**

List all states and jurisdictions in which you ever held a license. Provide letters of verification ALL jurisdictions regardless if they are active, inactive or expired.

Jurisdiction	Date License Was First Obtained	License Number

**SECTION 7. SCREENING QUESTIONS – Applicants MUST answer all of the following questions.**

All applicants must complete ALL questions. Please answer questions A through J in by placing an “X” the appropriate boxes. If you answer “Yes” to questions A through J below, you must provide full information and complete details **on a separate sheet of paper, including copies of relevant court documents**, and attach to this form.

<p><b>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.</b></p> <p>Please read the information below carefully before responding to this yes or no question, as <b>any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit</b> for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).</p> <p>IF YOU ANSWER “YES” TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.</p> <p>As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following: Yes No  <input type="checkbox"/> <input type="checkbox"/></p> <p>A. _____1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);          _____2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);          _____3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);          _____4. Past due taxes;          _____5. Past due District of Columbia Water and Sewer Authority service fees; or          _____6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?</p> <p>The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i>, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).</p>		<p>YES NO  <input type="checkbox"/> <input type="checkbox"/></p>	<p><b>HPLA ONLY</b></p>	
B.	Have you ever been convicted or investigate of a crime (other than minor traffic violations) not previously reported to the Board?	YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
C.	Are you now or have you ever been registered or licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete section 6C of this form.)	YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
E.	Have you ever voluntarily surrendered a license or registration certificate after formal charges have been filed against you or while under investigation?	YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
H.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
I.	(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	YES NO <input type="checkbox"/> <input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>

**SECTION 8. LICENSEE AFFIDAVIT**

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

			<p><b>HPLA ONLY</b></p> <input type="checkbox"/>
<b>LICENSEE SIGNATURE</b>	<b>NAME (Please Print)</b>	<b>DATE</b>	

**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General’s hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General’s website at [oig.dc.gov](http://oig.dc.gov).