

**Nursing Home Administrator (NHA)  
NEW LICENSE APPLICATION**

**TO QUALIFY VIA RE-EXAMINATION, THE INITIAL APPLICATION MUST BE ON FILE NO MORE THAN ONE (1) YEAR PRIOR TO THE RE-EXAMINATION APPLICATION**

**CHECKLIST- By RE-EXAMINATION**

**IMPORTANT:**

**To expedite the processing of your NEW LICENSE APPLICATION be sure to follow the instructions carefully before submitting your ONLINE application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:**

CHECKLIST ITEMS	SUBMISSION METHODS	CHECK MARK
<b>1. All Pages of Application</b>		
All pages of the <a href="#">online application</a> must be completed and submitted.	<b>ONLINE</b>	<input type="checkbox"/>
<b>2. Demographic Information</b>		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	<b>ONLINE</b>	<input type="checkbox"/>
<b>3. Social Security Number</b>		
If you do not have social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B)	<b>ONLINE</b>	<input type="checkbox"/>
<b>4. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face with white background</b>		
The photo must be original and cannot be a computer-generated copy, or paper copy.	<b>ONLINE</b>	<input type="checkbox"/>
<b>5. One (1) photocopy of a current government issued</b>		
This can be a driver's license or passport.	<b>ONLINE</b>	<input type="checkbox"/>
<b>6. Name Change Documents (If applicable)</b>		
Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are <u>marriage certificates</u> , <u>divorce decrees</u> or <u>court orders</u> .	<b>ONLINE</b>	<input type="checkbox"/>

<b>7. Criminal Background Check (CBC)</b>		
<p>All other applicants must do (or re-do) their CBC with the online application. If answering <b>“YES”</b> to any of the screening questions, an explanation of the incident(s) must be provided by the applicant. For information, please visit the website:  <a href="https://dchealth.dc.gov/node/120532">https://dchealth.dc.gov/node/120532</a>. <b>{\$50 payment must be paid via online with the application. A link will be provided to you afterward via email}.</b></p>	ONLINE	<input type="checkbox"/>
<b>8. Screening Question Responses</b>		
<p>Applicants must answer all questions, including Clean Hands. If answered <b>“Yes”</b>, the applicant must also submit any and all relevant documents related to the reason for the <b>“Yes”</b> answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.)</p>	ONLINE	<input type="checkbox"/>
<b>9. National Practitioner Databank (NPDB) Self Query Report</b>		
<p>The Self-Query Report must be requested from the <b>NDPB</b> (<a href="https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp">https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp</a>) no more than <b>thirty (30) days</b> prior to submission of the application.</p>	ONLINE	<input type="checkbox"/>
<b>10. Payment (Fee)</b>		
<p><b>National Examination: \$85 (USD)</b> for Application and License Fee.  <b>District Examination: \$119 (USD)</b> for Application and License Fee.</p>	ONLINE	<input type="checkbox"/>