

**APPLICATION FOR NURSING HOME ADMINISTRATOR
LICENSING EXAMINATION**

This application is intended for those who have completed an Administrator-in-Training program and are applying for the licensing examination for the first time or repaying the initial licensing fee.

Return this completed form with a check or money order (made payable to NHAP) with the appropriate fees to the following address:

**Nursing Home Administrator Program
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416**

For a current **Fee List and Detailed Fee Analysis**, please visit our website at:

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx>

APPLICANT'S NAME (Last)	(First)	(M.I.)	AIT NUMBER
MAILING ADDRESS (Number)	(Street)		CELL PHONE NUMBER
(City)	(County)	(State)	(Zip Code)
HOME TELEPHONE NUMBER			
E-MAIL ADDRESS			DATE OF BIRTH (MM/DD/YYYY)

Check all that apply:

Request State Exam date: _____

Request National Exam First

Requesting initial license fee

Please note, the National Exam is self-scheduled, and instructions can be found on nabweb.org

If you require special accommodations, please provide the CDPH 523 form.

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.

I certify under the penalty of the perjury laws of the State of California that the information I have entered on this application is true and correct to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in denial of this application with the Nursing Home Administrator Program. I understand that if I fail to appear for the examination as scheduled, the fees are non-refundable and non-transferable and will be forfeited.

APPLICANT'S SIGNATURE:	DATE:
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