

DECLARATION AND REQUEST FOR REPLACEMENT LICENSE

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

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

For a current fee list, please visit our [NHAP Fee List website](https://cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx)
(cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx)

ADMINISTRATOR'S NAME (Last)	(First)	(M.I.)	PHONE NUMBER	
PUBLIC ADDRESS (Required) Subject to Public Records Act Request Release*		(City)	(State)	(Zip Code)
CONFIDENTIAL ADDRESS (For CDPH use only**)		(City)	(State)	(Zip Code)
EMAIL ADDRESS		LICENSE #	DATE OF BIRTH	

*Effective May 22, 2018, the California Department of Public Health will be required under a court order to release the address of record for certified nurse assistants, home health aides, certified hemodialysis technicians, and licensed nursing home administrators in response to a Public Records Act (PRA) request. Court Order: Service Employees International Union-United Healthcare Workers v. California Department of Public Health, Sacramento County Superior Court, February 21, 2018, No. 34-2017-80002636.

**If the confidential address section is left blank, all departmental mail will be sent to the public address.

Reason for Request:

Lost	Move to Active*
Name Change	Stolen
Original License or Certification Not Received	Mutilated
Original License or Certification Not Printed Correctly (no fee required)	Destroyed

*A status change to “Active” requires applicant to provide forty (40) hours of photocopied CE certificates of completion or CE certificates uploaded to the National Continuing Education Review Service (NCERS) system to prove CE compliance, ten (10) of which must be in the area of patient aging, completed within two years of submitting their request to go active.

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 replacement license application by the NHAP. I fully understand that the NHAP may require additional documentation prior to approving and issuing a duplicate license.

Applicant's Signature:	Date:
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