

Nursing Facility Administrator Program
Reciprocity Licensure Questionnaire

Section 1: Applicant Information *(To be completed by the applicant.)*

Note: Completed forms and documents must be submitted to the email address: NFA_Licensing_Program@hhs.texas.gov. If the state that issued the applicant's license is unable to verify education, five domains, internship and exam scores, it is the applicant's responsibility to submit proof of these items along with this questionnaire.

License Information

Name of Applicant <i>(last, first, middle)</i> :		Social Security No.:	
Maiden Name <i>(if applicable)</i> :		Email Address:	
Street Address:		City:	State: ZIP Code:
Area Code and Phone No.	State Where Issued:	Nursing Facility Administrator (NFA) No.:	Date Issued:

Internship

If an applicant meets certain requirements, including having management experience, the applicant may complete a 500-hour internship rather than a 1,000-hour internship. Management experience is defined as full-time employment as a department head or licensed professional supervising two or more employees in a nursing facility or skilled nursing hospital unit. If the applicant wishes to qualify for a Texas license with a 500-hour internship and management experience, the applicant must include a resume with this form.

Resume Included? Yes No

Section 2: To be completed by the state where the applicant is currently active. Once completed, return to the applicant.

State Licensed In

License No.:	Date of Issuance:	Expiration Date:
Current Status: <input type="radio"/> Active <input type="radio"/> Expired <input type="radio"/> Revoked <input type="radio"/> Other: _____		
Licensure Basis: <input type="radio"/> Exam <input type="radio"/> HSE certification from NAB <input type="radio"/> Reciprocity <input type="radio"/> Waiver <input type="radio"/> Other: _____		

Internship

Internship Completion Date:	No. of Hours Completed:
Is the internship part of an National Association of Long-Term Care Administrator Boards (NAB)-accredited program? <input type="radio"/> Yes <input type="radio"/> No	
Does the applicant have a Health Services Executive (HSE) qualification? <input type="radio"/> Yes <input type="radio"/> No	
If so, can you certify that the applicant has not had a license or HSE qualification revoked in any state? <input type="radio"/> Yes <input type="radio"/> No	

Education

Bachelor's Degree? Yes No

If yes, name of university where degree(s) were completed: _____

Name of Degree(s) Awarded: _____

Did the applicant meet a minimum of 15 semester credit hours in long-term care administration, or its equivalent, that includes courses in the five domains of the NAB?

Yes No

Master's Degree? Yes No

If yes, name of university where degree(s) were completed: _____

Name of Degree(s) Awarded: _____

Did the applicant meet a minimum of 15 semester credit hours in long-term care administration, or its equivalent, that includes courses in the five domains of the NAB?

Yes No

Examination

NAB Exam Name:

NAB Exam Date:

NAB Exam Passed? Yes No

NAB Exam Name:

NAB Exam Date:

NAB Exam Passed? Yes No

State Exam Date (if applicable):

State Exam Passed? Yes No

Enforcement History

Disciplinary Actions Taken? Yes No If yes, provide additional information.

Notary Required

Signature – Representative of the State Title

Name (Type or Print) Date

Country, Territory or Nation State or Province County of

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the ownership transfer affidavit and who being duly sworn by me, state that the above and forgoing information supplied in this instrument is complete, true and correct.

Subscribed and sworn before me, _____, a
Notary Public for this state (or province) on the _____ day of _____,
20 ____.

(Notary Seal)

Signature – Notary Public

With a few exceptions, you have the right to request and be informed about the information that HHSC obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, §552.021, §552.023, §559.004). To find out about your information and your right to request correction, contact the Nursing Facility Administrator Program at NFA Licensing Program@hhs.texas.gov.

Email the completed form directly to the Texas Health and Human Services Commission, Nursing Facility Administrator Program at NFA_Licensing_Program@hhs.texas.gov