



GEORGIA STATE BOARD OF NURSING HOME ADMINISTRATORS  
237 Coliseum Drive \* Macon, Georgia 31217  
Phone (478) 207-2440  
[www.sos.state.ga.us/plb/nursinghome](http://www.sos.state.ga.us/plb/nursinghome)

**\*APPLICATION FOR LICENSURE AS A NURSING HOME ADMINISTRATOR**  
Upon completion of an approved AIT Training Program  
**(\*To be submitted ONLY upon the Board approved completion of an  
AIT program)**

NOTE: THIS IS NOT THE CORRECT APPLICATION FOR THOSE APPLYING FOR A GEORGIA NURSING HOME ADMINISTRATORS LICENSE BY ENDORSEMENT.

The laws and rules governing the practice of Nursing Home Administrators in the State of Georgia are available on the Board website [www.sos.ga.gov/plb/nursinghome](http://www.sos.ga.gov/plb/nursinghome)

**"IMPORTANT"**

The Board will not process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all required information and documentation is complete and correct.

An incomplete application will result in delayed processing. Incomplete applications are void after six (6) months and will result in a new application and fee.

The \$100.00 NON-REFUNDABLE application fee made payable to Georgia Board of Nursing Home Administrators **MUST** be included with application.  
*Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.*

- IMPORTANT: AIT – Submit this application and fee ONLY when you have completed your AIT program, and the final monthly and completion reports have been submitted to, and approved by, the Board.**
- Once the Board or its designated representative approves this application you will be able to register and sit for the required exam.**
- Individuals submitting an application for a Nursing Home Administrators license are required take and pass the exam within 6 months from the date the application is received in the Board office, and approved.**
- Failure to pass the exam within six months from the initial date of approval to register and sit for the exam will require the submission of a new application and fee.**

FOR BOARD USE ONLY  
 Amount Submitted \_\_\_\_\_  
 Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_



FOR BOARD USE ONLY  
 Certificate Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Applicant No. \_\_\_\_\_

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**APPLICATION FOR LICENSURE AS A NURSING HOME ADMINISTRATOR**  
 **By Examination**  
 (To be submitted ONLY upon completion, and Board approval, of an AIT Program)

**Application Fee \$100.00 (non-refundable)**  
Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

**PART I – PERSONAL INFORMATION**

\*Name: \_\_\_\_\_  
 (\*Must match your Last First Middle SVD – See Pg. 4)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \*Social Security Number Date of Birth

*\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A.1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes*

Physical Address: \_\_\_\_\_  
 (P.O. Box not acceptable) Number and Street Apt. No City/State Zip

*If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.*

Mailing Address: \_\_\_\_\_  
 (If different - PO Box Number and Street Apt. No City/State Zip is acceptable)

\_\_\_\_\_  
 Telephone Number (Day) Telephone Number (Evening) Cell Phone

E Mail Address: \_\_\_\_\_  
 (Please print clearly)

**PART II – PROFESSIONAL BACKGROUND**

If you answer yes to any of the following questions, you must attach a Letter of Explanation, relevant supporting documents and copies of any final disposition(s) indicating a description of the current status. For the purpose of the following questions, the terms “licensee,” “registration,” and “certification” are synonymous.

- Yes  No Have you had revoked or suspended or otherwise sanctioned any license issued to you by any board or agency in Georgia or any other State?
- Yes  No Were you denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a of a license or the privilege of taking an examination by any state licensing board?

Yes  No Have you knowingly failed to renew a license during an investigation of disciplinary action?

Yes  No Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?

Yes  No Are you currently unable to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

Yes  No Have you had any suit filed against you related to the practice of a profession?

Yes  No Have you ever had your Medicaid and/or Medicare privileges revoked or restricted?

Yes  No Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

• Please complete the following if currently hold, or have ever held, a professional license as a Nursing Home Administrator in another state or jurisdiction, or licensure in any other profession:

License Title \_\_\_\_\_ State \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Title \_\_\_\_\_ State \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

(MUST cause issuing entity r regulatory body to provide verification of the licensure to the GA Board, active status or not.)

### PART III – EMPLOYMENT

• Please complete the following information concerning your current employment:

Company Name \_\_\_\_\_

Type of Facility \_\_\_\_\_ Current Position \_\_\_\_\_

Address \_\_\_\_\_  
Street Ste # City State Zip Code

Phone Number: ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Total Time Worked \_\_\_\_\_

Hours per week \_\_\_\_\_ Type of Employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

## **Affidavit Regarding Citizenship**

*Please submit this document along with a copy of your Secure and Verifiable document to the Board office as indicated on the application.*

Print Name: \_\_\_\_\_

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1) \_\_\_\_\_ I am a United States citizen. You **MUST** submit a copy of your current **Secure and Verifiable Document(s)** such as driver's license, passport, or other document. A listing of acceptable documents can be found on the PLB website, [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb).

2) \_\_\_\_\_ I am **not** a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. You **MUST** submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number A listing of acceptable documents can be found on the PLB website, [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb).

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF \_\_\_\_\_, 20\_\_\_\_\_

*Notary Seal*

\_\_\_\_\_  
Notary Public                      My Commission Expires \_\_\_\_\_