



GEORGIA STATE BOARD OF LONG-TERM CARE FACILITY ADMINISTRATORS
237 Coliseum Drive * Macon, Georgia 31217
Phone 404-424-9966 * www.sos.ga.gov/plb

APPLICATION FOR REINSTATEMENT NURSING HOME ADMINISTRATOR

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Nursing Home Administrators in the State of Georgia available on the web site.

****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 one year and will result in a new application and fee.

APPLICATION CHECKLIST

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The **non-refundable \$200.00** application fee + **\$10.00** processing fee made payable to **Georgia State Board of Long-Term Care Facility 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.

- NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **FEE**. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach copies of official court documents and an explanation if you have had any arrests, criminal convictions or charges, or sanctions by another state licensing board. Approval of license reinstatement is at the Board's discretion.
- Please refer to Board Rule 393-5-.03 License Reinstatement, for the requirements and supplemental documents to be submitted with this application for reinstatement. www.sos.ga.gov/plb/nursinghome
- Reinstatement of a lapsed or revoked Georgia NHA license is at the discretion of the Board.

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt # _____



FOR BOARD USE ONLY
Certificate Number _____
Date Issued _____
Applicant No. _____

GEORGIA STATE BOARD OF LONG-TERM CARE FACILITY ADMINISTRATORS
237 Coliseum Drive • Macon, Georgia 31217-3858 • 404-424-9966
www.sos.ga.gov/plb

**APPLICATION FOR LICENSURE REINSTATEMENT AS A
NURSING HOME ADMINISTRATOR**

Application Fee \$200.00 + \$10.00 processing fee (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: _____
Last First Middle Maiden

Name as shown on exam records or transcripts (If different):

*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 Acceptable) Number and Street Apt. No City/State Zip

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

E Mail Address: _____

(E-Mail address will not be provided to any third party – PLEASE print clearly)

PART II – STATEMENT OF APPLICANT

Reason(s) for non-renewal of license:

Describe professional activities for past two years:

Have you completed your Continuing Education Hours for the reinstatement of a license, if required, pursuant to Board Rule 393-5-.03 as required by the Board? Verification of CE Hours obtainment, Certificates of Attendance, must be submitted with this application. Yes No

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: _____

PART IV – PROFESSIONAL CERTIFICATIONS

Please list any Nursing Home Administrator license you currently hold, or have ever held, in any other state. In addition, please also list any other professional licensure currently held, or having ever held, in Georgia or any other state: Verification of any NHA licensure must be submitted to the Georgia Board from the issuing entity.

State _____ Issue date _____ Expiration Date _____ Type _____

State _____ Issue date _____ Expiration Date _____ Type _____

State _____ Issue date _____ Expiration Date _____ Type _____

***Note: If you have had any type of disciplinary action taken with another licensing agency, please request a copy of the entities final disposition of the action taken. *See background – Part V**

PART V – PROFESSIONAL BACKGROUND

- For the following questions, the terms “license,” “registration,” and “certification” are synonymous.
- If you answer “yes” to any question, please attach a written detailed letter of explanation, any relevant documents and a description of the current status.

- Yes No 1. Have you been denied professional licensure or renewal because of a license disciplinary proceeding in Georgia or any other state?
- Yes No 2. Have you knowingly failed to renew a license during an investigation or disciplinary action?
- Yes No 3. Have you ever had a license to practice any profession revoked, suspended, annulled or otherwise disciplined, including by private order?
- Yes No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- Yes No 5. Have you ever been arrested?

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. Also, print the form titled “background Consent Form”, complete it in its entirety and submit along with this application.

- Yes No 6. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- Yes No 7. Are you currently unable to practice safely as a result of use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of a mental or physical condition?

Georgia State Board of Long-Term Care Facility Administrators
Affidavit of Applicant

Please document with your initials that you have reviewed each of the resources listed below and have the affidavit notarized.

All statutory requirements are accessible via: <http://www.lexisnexis.com/hottopics/gacode/Default.asp>

All Rules and Regulations are accessible via: <http://rules.sos.ga.gov/>

- _____ Department of Community Health, Division of Medical Assistance, Nursing Facility Services Policy Manual –
from <https://www.mmis.georgia.gov/portal/default.aspx> select “Provider Manuals” under the “Provider Information” tab.
- _____ Georgia State Board of Long-Term Care Facility Administrators Law (OCGA §43-27)
- _____ Georgia statutes regarding Living Will, Durable Power of Attorney for Health Care, Withholding or withdrawal of life-sustaining procedures (OCGA § 31)
- _____ Georgia statutes pertaining to Department of Community Health with particular attention to sections pertaining to Long Term Care Facilities (OCGA § 31)
- _____ Fire Safety Codes (OCGA § 25-2-13)
- _____ Disaster Preparedness Plans (Chapter 111-8-16)
- _____ DHS Rules pertaining to Nursing Homes/Long-Term Care Facilities (290).
- _____ Board Rules pertaining to Long-Term Care Facility Administrators (393).

_____ (Date) _____ (PRINTED Name of Applicant) _____ (Signature of Applicant)

Sworn to and subscribed before me this

_____ day of _____, 20_____

Signature of Notary Public _____

My commission expires: _____

Notary Seal

PART VI – 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.

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.

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 _____