Georgia State Board of Long-Term Care Facility Administrators
3920 Arkwright Rd. Suite 195, Macon, GA 31210
Phone: 404-424-9966
www.sos.ga.gov

CERTIFICATION OF LICENSURE

This form should be sent to **ALL States** in which you hold a Long-Term Care Facility Administrator license. The form should be completed by the State Board and returned to the above address.

PART I – APPLICANT

I _____, hereby authorize the state of _____ licensing board to furnish to the Georgia State Board of Long-Term Care Facility Administrators the information requested below.

_____ _____ _____
Applicant's Signature **Social Security No.** **License No.**

Applicants do not write below this line. Applicants must forward to state verifying license.

PART II – STATE AGENCY

***LICENSING AGENCY*: The above applicant has applied for a license to practice as an Administrator in Georgia.** **Please furnish the Board the following information AND mail to the Georgia State Board of Long-Term Care Facility Administrators ▪237 Coliseum Drive ▪ Macon, Georgia 31217-3858**

Name of Licensee: _____ License Number: _____

License Type: _____

Licensed by: ☐ Exam ☐ Endorsement ☐ Waiver ☐ Grandfather Clause

If by exam, please indicate the examination administered to applicant: _____

Issue Date: _____ License Status: ☐Current Expiration date: _____

☐ Inactive Date of last renewal: _____

☐ Lapsed Date of last renewal: _____

Have all continuing education requirements been met? ☐YES ☐ NO

Has the license ever been encumbered in any way? (e.g. revoked, suspended, surrendered, restricted, limited, placed on probation) ☐YES ☐ NO

Is the applicant currently under investigation? Yes ( ) No ( )
*** Please provide details, including copies of any documents with status of investigations.**

Signed _____ Date _____

Title: _____ State Board _____

Telephone # (____) _____