# STATE BOARD ENDORSEMENT QUESTIONNAIRE

NORTH DAKOTA BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

SFN 60365 (11-2019)

## APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| Name of Applicant | | | |
| Address | City | State | ZIP Code |
| Applicant Email Address | Home Telephone Number | Business Telephone Number | |
| Education (Check the highest level)<br>☐ High School ☐ College ☐ Graduate ☐ Post Graduate | | | |

## LICENSE INFORMATION

This portion is to be completed by the State Board of Examiners for Nursing Home Administrators from the state the applicant is transferring from.

**Return completed form to:**
**ND Board of Examiners for Nursing Home Administrators**
**1900 North 11th Street**
**Bismarck, ND 58501**

| | | | |
|---|---|---|---|
| | | License Number | |
| State Applicant is Transferring From | State of Original License<br>☐ Yes ☐ No | If no, was licensure through endorsement?<br>☐ Yes ☐ No - From what state: | |
| Status of License<br>☐ Active ☐ Inactive ☐ Expired | | Date Issued | Date Expired |

## NATIONAL EXAMINATION

| | | | |
|---|---|---|---|
| Exam<br>☐ NAB ☐ PES ☐ Other | Exam Series | | |
| Exam Date | Raw Score | Scale Score | State Exam Taken |
| Are you a Health Services Executive (HSE)?<br>☐ Yes ☐ No | | | |

| | |
|---|---|
| Was an AIT/Practicum successfully completed?<br>☐ Yes ☐ No | If Yes, Hours Completed |
| Has the applicant ever been disciplined by the Board?<br>☐ Yes ☐ No | If Yes, Explain |
| Is there any investigation or disciplinary act pending?<br>☐ Yes ☐ No | **CERTIFICATION: NHA by the ACHCA:**<br>(American College of Health Care Administrators) ☐ Yes ☐ No |

## INDIVIDUAL COMPLETING FORM

| | | |
|---|---|---|
| Printed Name | | |
| Title | | |
| City | State | Telephone Number |
| Signature | | Date |

**State Seal**