



**State of Louisiana  
Board of Examiners of  
Nursing Facility Administrators**

[www.labenfa.com](http://www.labenfa.com)

(225)295-8571 Option #1 FAX (225)295-8574 5647 Superior Drive Baton Rouge, LA 70816-6049

**APPLICATION FOR INITIAL REGISTRATION**

**For the Year Ending June 30, 2023**

Name: \_\_\_\_\_  
First Middle Last

Driver's License # : \_\_\_\_\_ NFA License # : \_\_\_\_\_  
State

Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Include Area Code Include Area Code

Email: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maximum Education Completed (Circle One): \_\_\_\_\_ Bachelors Masters Doctorate

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City State Zip

Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Include Area Code

Have you been convicted of, pleaded guilty to, no contest to, or have a trial pending for a misdemeanor involving abuse, neglect, or misappropriation of property or any felony or crimes involving moral turpitude as provided in R.S. 14:80?

Please Circle: Yes No (Please explain on back)

Have you become physically or mentally impaired since you completed your application for licensure?

Please Circle: Yes No (Please explain on back)

A \$495 check or money order (payable to LABENFA) for the Initial Registration Fee must be enclosed or payable

I hereby certify that all of the above statements are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date