CONDITIONAL LICENSURE

Louisiana Board of Examiners of Nursing Facility Administrators

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APPLICATION FOR RE-REGISTRATION OF NURSING FACILITY ADMINISTRATORS LICENSE FOR YEAR ENDING JUNE 30, 2025

REVIEW DATA FOR ACCURACY AND COMPLETENESS. SUBMIT FEE OF **$210.00**, PROOF OF ACTIVE LICENSURE FROM ANOTHER STATE OR BIRTH DATE BEFORE JUNE 30, 1959, AND SIGNED RE-REGISTRATION TO THE BOARD AT THE ABOVE ADDRESS BEFORE JUNE 30, 2024. **FOR ACTIVE CONDITIONAL LICENSURE**, INCLUDE PROOF OF 18 APPROVED CEU HOURS, OF WHICH ONLY 9 HOURS MUST BE ATTENDED IN PERSON, WHICH MUST BE TAKEN BETWEEN JULY 1, 2023 AND JUNE 30, 2024. SUBMIT THE ORIGINAL CERTIFICATES MAINTAINING COPIES FOR YOUR RECORDS. IF YOU WISH TO PAY BY CREDIT CARD AND HAVE NOT RECEIVED AN INVOICE, PLEASE LET US KNOW.

* NOTE: **IF POSTMARKED BETWEEN JULY 1, 2024 AND DECEMBER 31, 2024 INCLUDE A LATE FEE OF $250.00 ($460.00 TOTAL).**

NAME	LICENSE NUMBER	CURRENT LICENSE STATUS ☐ ACTIVE ☐ INACTIVE	If ACTIVE, Do you wish to go INACTIVE? ☐ YES ☐ NO

HOME ADDRESS	CITY	STATE	ZIP	Date of Birth
MAILING ADDRESS (if different)	CITY	STATE	ZIP	DRIVERS LICENSE # and STATE

HOME PHONE NUMBER(Include Area Code)	CELL NUMBER(Include Area Code)	EMAIL ADDRESS (for Board contact and future emails) Not redistributed or sold.

ARE YOU THE ADMINISTRATOR OF RECORD IN A NURSING FACILITY? YES / NO ARE YOU CURRENTLY THE ADMINISTRATOR OF RECORD AT TWO FACILITIES? YES / NO HAVE YOU SERVED AT TWO FACILITIES AT THE SAME TIME SINCE YOU LAST REGISTERED? YES / NO

NURSING FACILITY NAME or EMPLOYER NAME(if not Nursing Facility)	ADDRESS	CITY	STATE	ZIP
SECOND NURSING FACILITY NAME	ADDRESS	CITY	STATE	ZIP

WORK PHONE NUMBER(Include Area Code)	OTHER STATES IN WHICH YOU HOLD OR HAVE HELD A NURSING FACILITY ADMINISTRATORS LICENSE
☐ Paid Invoice Online ☐ Check or Money Order Enclosed	Personal Email:

If you were initially licensed between January 1, 2024 and June 30, 2024, you are NOT required to have earned the required 18 CEU's this renewal.

NOTE: All questions MUST be answered or application and fee will be returned unprocessed!

Answer the following questions pertaining to the period since your last registration:

1. Have you had any physical injury, chronic disease, mental illness or other impairment, which could reasonably be expected to affect your ability to function as an Administrator?

☐ **Yes** ☐ **No** If "Yes". attach a letter or explanation.

2. Have you had any physical injury, chronic disease, mental illness or other impairment requiring either hospitalization or physician's treatment, which could reasonably be expected to affect your ability to function as an Administrator?

☐ **Yes** ☐ **No** If "Yes". attach a letter or explanation.

3. Have you been referred to or obtained treatment for a substance abuse disorder including alcohol or drugs(including prescription medication)?

☐ **Yes** ☐ **No** If "Yes", attach a letter of explanation.

4. Have you been cited, arrested, charged with, convicted of, plead guilty or nolo contendre to any violation of any municipal, state or federal statute **including any that have been expunged or judicially removed for any reason,** with the exception of misdemeanor traffic offense, traffic ordinance violations, or hunting violations that do **Not** involve the use of drugs or alcohol?

☐ **Yes** ☐ **No** If "Yes", attach a letter of explanation.

5. Have you had any disciplinary or adverse action taken against you or been the subject of an investigation or subjected to any other disciplinary action by another licensing jurisdiction, government agency or other enforcement agency which has not been previously reported to the Board?

☐ **Yes** ☐ **No** If "Yes". attach a letter or explanation and certified copy of the disciplinary or adverse action.

I, the undersigned nursing facility administrator, hereby certify that I have met the minimum continuing education requirements and hereby apply for renewal of my nursing facility administrator license based upon information contained herein, which I certify to be true and correct and understand any false or misleading information may result in the denial or revocation of my license.

DATE

ORIGINAL SIGNATURE