

NEVADA BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS

6170 Mae Anne Avenue, Suite 1

Reno, NV 89523

Phone: (775) 384-1208

Email: beltca@beltca.nv.gov

LICENSE VERIFICATION

_____ has made application for reciprocal licensure or endorsement as a Nursing Facility Administrator in the State of Nevada. The applicant stated that he/she is currently or was previously licensed in your State. Please complete the following and return to this office within ten (10) days.

Name: _____ Date of Birth: _____ SS#: _____
Home Address: _____
Home Telephone: _____ Work Telephone: _____ Email: _____
Education: High School _____ College _____ Graduate _____ Post Graduate _____
(Mark highest level)

1. Original License Number	Issue Date	Expiration Date	State of Original Licensure (if not your state)

License Status: Active ☐ Inactive ☐ Expired ☐

2. Did applicant successfully complete an Administrator-In-Training Program?
Yes ☐ Number of Hours No ☐

3. Exam taken: NAB ☐ PES ☐ Other ☐ Date _____ State _____

Passing Raw Score Passing Scale Score

4. Is the applicant now in good standing with your Board? Yes ☐ No ☐

5. Has the applicant ever been disciplined by your Board? Yes ☐ No ☐

If yes, please explain: _____

6. Is the applicant currently being investigated for any possible criminal action or further Board disciplinary action?

Yes ☐ No ☐ If yes, please explain: _____

I certify that the information provided is true and correct according to the records of this board.

Signature of Executive Officer

Seal

Agency name, address and phone

Return completed form to the address above.