

NURSING HOME ADMINISTRATOR INFORMATION UPDATE

Pursuant to OAR 853-010-0025(3), Oregon licensed NHA's are required to notify the Board office of changes in employment and/or address. Please notify the Board immediately of any employer or address change.

Please Complete, Sign, and Fax or Mail to the Address Listed Below.

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	LICENSE NO.
HM. ADDRESS (Mailing)			HM. PHONE
EMAIL ADDRESS (separate multiple addresses with semicolon)			
1. Facility Change? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, complete Facility Information			
2. Home Address Change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Are you the administrator of a long-term care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No • If no, answer questions 4 & 5 • If yes, skip to Facility Information			
4. Do you plan to renew when your current license expires? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Do you wish to have your name and contact information placed on the "Available Administrator" list? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, check (Y) authorization statement below.			
FACILITY INFORMATION			
NAME OF PRIOR FACILITY		DATE EMPLOYMENT TERMINATED	
ADDRESS (STREET)			
NAME OF <u>CURRENT</u> FACILITY		DATE EMPLOYED	
ADDRESS (STREET)			
CITY	STATE	ZIP	PHONE

I authorize BENHA to release contact information for employment purposes.

Signature (required)

Date

↳ Please return to: BENHA, 800 NE Oregon St., Ste. 407, Portland, OR 97232
FAX: (971) 673-0226 EMAIL: nhabd.info@state.or.us.