

**NHA LICENSE ACTIVATION FORM****FEE: \$100.00**

OAR 853-010-0040(2) requires Inactive Oregon NHA's to activate to full Active status if they become employed or expect to be employed as an Oregon NHA for six months or longer during a two-year license period.

PERSONAL INFORMATION

LAST NAME FIRST NAME MI LICENSE NO.

HOME ADDRESS (MAILING)

CITY STATE ZIP HM. PHONE

EMAIL ADDRESS

FACILITY INFORMATION

1. Are you presently the Administrator of a long-term care facility? Yes No
2. If "No", do you wish to have your name and contact information placed on the "Available Administrator" list? Yes No

NAME OF CURRENT FACILITY

DATE EMPLOYED

ADDRESS (STREET)

CITY STATE ZIP PHONE

Signature (required)

Date

INSTRUCTIONS

1. Remit completed, signed Activation Form and \$100 check or money order payable to **Oregon Health Licensing Agency (OHLA)**.
2. Mail Activation Form and payment to OHLA, 700 Summer Street NE, Suite 320, Salem, OR 97301-1287
3. Questions? Call 503-378-8667 or e-mail ohla.info@state.or.us.