



# Oregon

Board of Examiners of Nursing Home Administrators

State Office Building  
800 NE Oregon, Suite 407  
Portland, OR 97232-2162  
Phone: 971-673-0196  
FAX: 971-673-0226

## LICENSE VERIFICATION REQUEST

### LICENSURE APPLICANT

You are required to provide verification of licensure for any state where you hold or have held a regular or temporary nursing home administrator license. Most states charge a fee for this service, thus you should contact each licensing agency to determine if a fee is required prior to sending them the form for completion. This License Verification Request form may be copied as needed. Contact the board office at 971-673-1096 if you require assistance locating the contact information for your licensure state(s).

**Please complete the following "Personal" section and forward to your licensing state(s) with the appropriate processing fee.**

### PERSONAL

LICENSEE NAME	BIRTHDATE	SOCIAL SECURITY NO.
ADDRESS		
WK. PHONE	HM. PHONE	

### LICENSING BOARD

The individual identified herein is applying for licensure as a Nursing Home Administrator in Oregon. Please complete the following "License" section and sign and remit this form to the return address provided herewith.

### LICENSE

LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE
LICENSE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXPIRED	STATE OF ORIGINAL LICENSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NOT THE STATE OF ORIGINAL LICENSURE, WAS THE LICENSE GRANTED BY RECIPROCITY/ENDORSEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE WHICH STATE:		

<b>NATIONAL EXAM</b> <input type="checkbox"/> NAB <input type="checkbox"/> PES <input type="checkbox"/> OTHER	<b>RAW SCORE</b>	<b>SCALE SCORE</b>
<b>EXAM DATE</b>	<b>STATE</b>	
<b>WAS AN AIT/PRACTICUM SUCCESSFULLY COMPLETED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>LENGTH OF AIT/PRACTICUM:</b>	
<b>HAS THE APPLICANT EVER BEEN DISCIPLINED BY THE BOARD?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE EXPLAIN:		
<b>IS THERE ANY INVESTIGATION OR DISCIPLINARY ACTION PENDING?</b> <input type="checkbox"/> YES, Please Explain <input type="checkbox"/> NO <input type="checkbox"/> NO Response Due to State Confidentiality Laws		

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

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME & TITLE**

\_\_\_\_\_  
**AGENCY**

\_\_\_\_\_  
**PHONE NUMBER**

**PLEASE RETURN TO:**

OREGON BOARD OF NURSING HOME  
ADMINISTRATORS  
800 N.E. OREGON, SUITE 407  
PORTLAND, OR 97232

**STATE SEAL**