



State of Louisiana
Board of Examiners of
Nursing Facility Administrators

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APPLICATION FOR INITIAL REGISTRATION
For the Year Ending June 30, 2010

Driver's License # : _____ NFA License # : _____
State

Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Telephone: _____ Cell: _____
Include Area Code Include Area Code

Email: _____ Gender: _____ Date of Birth: _____

Maximum Education Completed (Circle One): 60 Hours College Bachelors Masters Doctorate

Employer: _____ Position: _____

Employer's Address: _____
Street City State Zip

Work Telephone: _____ Email: _____
Include Area Code

Have you been convicted of, pleaded guilty to, no contest to, or have a trial pending for a misdemeanor involving abuse, neglect, or misappropriation of property or any felony or crimes involving moral turpitude as provided in R.S. 14:80?

Please Circle: Yes No (Please explain on back)

Have you become physically or mentally impaired since you completed your application for licensure?

Please Circle: Yes No (Please explain on back)

A \$225 check or money order (payable to LABENFA) for the Initial Registration Fee must be enclosed.

I hereby certify that all of the above statements are true and correct.

Signature

Date