



Louisiana Board of Examiners of Nursing Facility Administrators

APPLICATION FOR RE-REGISTRATION OF NURSING FACILITY ADMINISTRATORS LICENSE FOR YEAR ENDING JUNE 30, 2011

PLEASE REVIEW DATA CONTAINED HEREIN FOR ACCURACY AND COMPLETENESS. SUBMIT FEE OF **\$350.00**, PROOF OF COMPLETION OF 15 CEU HOURS (**SEND ORIGINAL CERTIFICATE AND MAINTAIN A COPY FOR YOUR RECORDS**) TAKEN BETWEEN JULY 1, 2009 AND JUNE 30, 2010, AND SIGNED RE-REGISTRATION TO THE BOARD AT THE ADDRESS BELOW BEFORE JUNE 30, 2010. (Check may be written to LABENFA.)

* NOTE: **IF POSTMARKED BETWEEN JULY 1, 2010 AND DECEMBER 31, 2010 INCLUDE A LATE FEE OF \$150.00 (\$500.00 TOTAL).**

NAME	LICENSE NUMBER	CURRENT LICENSE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	DRIVERS LICENSE # and STATE
HOME ADDRESS		CITY	STATE ZIP
HOME PHONE NUMBER(Include Area Code)	CELL NUMBER(Include Area Code)	EMAIL ADDRESS (for Board contact and future emails) Not redistributed or sold.	

ARE YOU WORKING AS THE ADMINISTRATOR IN A FACILITY? YES / NO	If YES , answer FACILITY info If NO , answer EMPLOYER info
FACILITY NAME ADDRESS CITY STATE ZIP	
EMPLOYER NAME (Include Your Position) ADDRESS CITY STATE ZIP	
WORK PHONE NUMBER(Include Area Code)	OTHER STATES IN WHICH YOU HOLD OR HAVE HELD A NURSING FACILITY ADMINISTRATORS LICENSE
INDICATE ANY OTHER PROFESSIONAL LICENSES HELD, INCLUDING LICENSE NUMBER AND JURISDICTION:	

If you were initially licensed between January 1, 2010 and June 30, 2010, you are NOT required to have earned the required 15 CEU's this renewal.

NOTE: All questions MUST be answered or application and fee will be returned unprocessed!

1. What is your highest level of education achieved?

HIGH School Diploma or Equivalency 60 Hours of College Credit Associates Degree Bachelors Degree Masters Degree Doctorate

2. Do you wish to place your license in inactive status? (See information on new conditional licensure)

Yes No For information relative to inactive status and conditional licensure, please contact the Board at 225-295-8571 Option # 1.

3. Have you become physically or mentally impaired since you last renewed your license?

Yes No If "Yes", attach a letter of explanation. (L.A.C. 46:XLIX:1105)

4. Have you had any disciplinary or adverse action taken against you by another licensing jurisdiction, government agency, law enforcement agency, or court (L.A.C. 46:XLIX:1105) which has not previously been reported to the board?

Yes No If "Yes". attach a letter or explanation and certified copy of the disciplinary or adverse action.

I, the undersigned nursing facility administrator, hereby certify that I have met the minimum continuing education requirements (15 CEU's approved by the board or NAB) and hereby apply for renewal of my nursing facility administrator license based upon information contained herein, which I certify to be true and correct.

DATE

ORIGINAL SIGNATURE

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