



**STATE OF LOUISIANA
BOARD OF EXAMINERS OF
NURSING FACILITY ADMINISTRATORS**

www.labenfa.com

Phone: (225)295-8571 Opt. 1 Fax: (225)295-8574 5647 Superior Drive, Baton Rouge, LA 70816-6049

RECIPROCITY/ENDORSEMENT LICENSURE QUESTIONNAIRE

_____ has made application for reciprocal licensure or endorsement as a Nursing Facility Administrator in the State of Louisiana. According to the information filed, the applicant is currently or was licensed in your state. Please complete the following and return to this office as soon as possible.

Present Address: _____

Date of Birth: _____ License No.: _____ Social Security No.: _____

****FILL OUT TOP PORTION ONLY**BELOW TO BE COMPLETED BY STATE BOARD****

1. Is the above information the same as your records indicate? Yes _____ No _____

If no, please explain: _____

2. Was this applicant's original NFA license issued in your state? Yes _____ No _____

If "Yes": Permanent License # _____ Date Issued _____ Exp.Date: _____

If "No": State of Original Licensure _____ Date of License _____

According to your records:

A. Does this Applicant have a valid, current active license? Yes _____ No _____

Expiration Date: _____

B. Is the Applicant in good standing with your Board? Yes _____ No _____

C. Has the Applicant ever been disciplined by your Board? Yes _____ No _____

D. Has the Applicant ever been convicted of a felony? Yes _____ No _____

E. Is the Applicant currently under investigation by your Board? Yes _____ No _____

Please explain any answers and attach pertinent records:

4. At the time this individual was licensed, according to your rules and statutes, which examination was required? NAB _____ PES _____ Other _____

4a. According to your records, did the applicant take a written examination for licensure? Yes ____ No ____

<u>Examination</u>	<u>Date</u>	<u>Series#</u>	<u>Total Raw Score</u>	<u>Scale Score</u>
_____ Nab	_____	_____	_____	_____
_____ PES	_____	_____	_____	_____
_____ Other	_____	_____	_____	_____

5. At the time this individual was licensed, according to your rules and statutes, was an internship, practicum, or Administrator-in-Training (AIT) in a long term, care facility required? Yes ____ No ____

5a. According to your records, did the applicant complete an internship, practicum, or AIT in a long term care facility? Yes ____ No ____ If yes, length of time the AIT trained in your state? _____ (hours)

6. At the time this individual was licensed, according to your rules and statutes, what level of educations was required? (Check One)

- | | |
|------------------------------|------------------------------------|
| _____ GED Certificate | _____ Baccalaureate Degree |
| _____ High School Diploma | _____ Master's Degree |
| _____ 60 hour College Credit | _____ Other Degree (specify) _____ |
| _____ Associate Degree | _____ Doctorate Degree |

6a. According to your records, what is the actual level of education this individual has attained?

7. Nursing Facility Administrator experience since original licensure? Years _____ Months _____

The above information was taken from Board records and I hereby certify that I am custodian of all books and licensure records pertaining to Nursing Facility Administrators licensed by the Board of Nursing Facility Administrators.

Chairman or Designated Officer

SEAL

Date

State of

(_____)_____
Phone Number

RETURN TO:

LA Board of Examiners of Nursing Facility Administrators

Attn: MaryAlice Durham

5647 Superior Drive

Baton Rouge, LA 70816-6049

Email: mdurham@labenfa.com