

**LICENSURE BY ENDORSEMENT QUESTIONNAIRE**

**(Applicant to complete top portion)**

Name(s) (include maiden, any aliases) \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EDUCATION: (Mark highest level)

- High School       College       Graduate       Post Graduate

List ALL States where applicant has ever HELD or APPLIED for a long term care administrators license (NHA, NFA, LTCA...). Applicant must provide a copy of this questionnaire to each of these states and OSBELTCA must receive the reply directly from each of these licensing agencies. Applicant is responsible for any fees charged by these agencies, if any.

**(State Licensure Board to complete this portion or attach a letter that answers every question)**

License # \_\_\_\_\_ Date Issued/Denied \_\_\_\_\_ Expiration Date \_\_\_\_\_

STATE \_\_\_\_\_ If this is not the state of original license, was license issued through reciprocity/endorsement?  Yes  No If "Yes," from what State(s)? \_\_\_\_\_

Status of License:  Active       Inactive       Expired       Other \_\_\_\_\_

NAB Exam Scaled Score \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

State Standards Exam \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Was an Administrator-In-Training (AIT) Program completed?  Yes       No

If "yes," length of program? \_\_\_\_\_

Has applicant ever been disciplined by your Board or is there an investigation or disciplinary action pending?  Yes       No If "Yes," please explain on separate sheet.

**PLEASE RETURN FORM TO:**

OSBELTCA  
2401 NW 23<sup>rd</sup>, Suite 2H  
Oklahoma City, OK 73107

\_\_\_\_\_  
Signature & Title of person completing report

\_\_\_\_\_  
Phone Number, City and State