

Application for AIT Program

Return this completed form with a check or money order (made payable to NHAP) with the appropriate fees to the following address:

Nursing Home Administrator Program
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416

For a current **Fee List and Detailed Fee Analysis**, please visit our website at:
www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx

Applicant's Name (Last)	(First)	(M.I.)	Social Security Number*	
Mailing Address (Number)	(Street)		Work Telephone Number	
(City)	(County)	(State)	(Zip Code)	Home Telephone Number
E-mail Address		Date of Birth (MM/DD/YY)		Cell Phone Number

By checking this box, you agree to receive text messages from the California Department of Public Health (CDPH) for reminders and notifications regarding your application and/or certification. You may receive up to 5 messages per year. By checking this box, you agree to the Terms and Conditions and Privacy Policy. Reply "STOP" to opt-out, and "HELP" for help. Terms and condition are available at www.cdph.ca.gov/Pages/privacy-policy.aspx

*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code Section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services, collection of delinquent State taxes if applicant appears on the Franchise Tax Board's top 500 delinquent taxpayers list pursuant to Business Codes Section 494.5 Subdivision (4) and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR, Section 61.1 *et seq.* Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification and maybe used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

Answer the Following Questions:

1. Are you a United States Citizen or legal resident? Yes No
2. Are you at least eighteen (18) years of age or older? Yes No
3. Former name(s)? (If "Yes" List in space below) Yes No
- A. _____
- B. _____

4. Have you ever pled guilty or nolo contendere to, or been convicted of, any crime (other than minor traffic violations)? Yes No

**If the answer to this question is "Yes," explain fully on a sheet of paper. Provide certified copies of arrest report and court documents that include the following as applicable: criminal complaint, plea and judgment, and probation report. If these records have been destroyed, the program requires a signed statement to that fact on agency letterhead; from the agency you are requesting records. A conviction will not necessarily disqualify you.

5. Are you now or have you ever been licensed or certified by any other state agency? (If "Yes", please complete below.) Yes No

State: ___ Agency: _____ License Type: _____ License #: _____ Expiration Date: _____

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6. Are you now, or were you, employed as a Nursing Home Administrator? (If "Yes", fill in the information below.) Yes No

State: ___ Agency: _____ License #: _____ Expiration Date: _____

7. Education

Did you graduate from high school? Yes No	If not, enter the highest grade you completed:
If not, did you possess a GED or equivalent? Yes No	

University or College Name and Location Business, Correspondence, Trade, Technical, or Service School	Courses	Units		Diploma, Degree or Certificate Obtained	Date Completed
		Semester	Quarter		

8. You are applying for the AIT program on the basis of (check only one):

Baccalaureate or higher degree.

Ten (10) years of recent full-time work experience, as a registered nurse in a nursing home with at least the most recent five (5) of the ten (10) years of work experience in a supervisory position. **Complete and attach as many CDPH 502B forms as necessary to show work experience.**

Ten (10) years of full-time work experience, in any department of nursing home, with at least the most recent five (5) of the ten (10) years of work experience as a Department Manager, and sixty (60) semester units (or ninety (90) quarter units) of college or university courses. **Complete and attach as many CDPH 502B forms as necessary to show work experience.**

****Please attach the CDPH 502C (PDF) when submitting the CDPH 502.**

Certification – Important – Please Read Before Signing – If not signed, this application may be rejected

I certify under penalty of perjury under the applicable state and federal laws, that the information contained in this application and supporting documents is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California Nursing Home Administrator Program.

Applicant's Signature:	Date:
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