State of California – Health and Human Services Agency

California Department of Public Health (CDPH)
Nursing Home Administrator Program (NHAP)
P.O. BOX 997416, MS 3302
Sacramento, CA 95899-7416
(916) 552-8780 FAX: (916) 636-6108
NHAP@cdph.ca.gov

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSING EXAMINATION

This application is intended for those who have completed an Administrator-in-Training program and are applying for the licensing examination for the first time. The nursing home administrator licensing examination consists of a written state examination and an online national examination. Approval of this application grants you approval for your first attempt for both.

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: https://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	DRIVER'S LICENSE NUMBER		DATE OF BIRTH (MM/DD/YYYY)

Requested State Exam date: _____

Please note, the National Exam is self-scheduled and instructions for completing registration will be mailed upon approval of this application.

☐ Check box only if you require special accommodations during the examination. If special accommodations are required, please provide an explanation below.

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.

I certify under the penalty of the perjury laws of the State of California that the information I have entered on this application is true and correct to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in denial of this application with the Nursing Home Administrator Program. I understand that if I fail to appear for the examination as scheduled, ***the fees are non-refundable and non-transferable*** *and will be forfeited.*

APPLICANT'S SIGNATURE : _____ DATE SIGNED : _____

APPLICANTS—DO NOT USE THIS SPACE BELOW—FOR NHAP USE ONLY

CASH # _____	STATUS ☐ Approved ☐ Rejected ☐ Denied ☐ Training Requirements	
NHAP INITIALS _____	☐ AIT #	
AMOUNT _____	STAFF	DATE PROCESSED

All information requested by the application is required by the California Department of Public Health, Nursing Home Administrator Program. Maintenance of the information requested on this form is authorized by the Health and Safety Code.