



Washington State Department of

Health

Board of Nursing Home Administrators

Credentialing

PO Box 47877

Olympia, WA 98504-7877

360-236-4700

Out-of-State Credential Verification

To applicant: Complete top portion in full and forward to each state in which you hold or have held a credential as a Nursing Home Administrator. Contact each state for information on a fee for this service.

Name (Last, First, Middle Initial)			
Street Address			
City	State	Zip Code	
Daytime Phone (enter 10 digit #)			
I authorize the release of the information requested below to the Washington State Board of Nursing Home Administrators.			
Applicants Signature _____ Date _____			
To state board: The above individual is applying for licensure as a Nursing Home Administrator in Washington State. Please complete the following information and mail to the Washington State Board of Nursing Home Administrators at the address above. Thank you for your cooperation.			
Credential Number	State	Date Issued	Expiration Date
If this is not the state of original license, was license through reciprocity/endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, from what state?			
Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Other (Specify)			
Exam: <input type="checkbox"/> NAB <input type="checkbox"/> Other (specify) _____			
Exam Date _____ Exam State _____ NAB Score: Raw _____			
Scale _____ Exam Date _____ Exam State _____			
Was an AIT Program successfully completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain _____			

Is there any investigation or disciplinary action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain _____			

Individual completing form: _____ Title: _____			
Signature _____ Date _____			
Phone (enter 10 digit #) _____ City _____ State _____			