

BOARD OF LONG-TERM CARE ADMINISTRATORS CHECKLIST AND AFFIDAVIT FOR ACTIVE DUTY SERVICEMEMBER/SPOUSE LICENSE PORTABILITY APPLICATION

This checklist is for applications from active-duty servicemembers and spouses applying under the Servicemembers Civil Relief Act (SCRA) (50 U.S.C. §4025(a)). A license issued pursuant to this section is effective until the next biennial renewal of the license.

SUBMIT THE FOLLOWING:

- APPLICATION AND FEE – Please complete the online application for licensure by endorsement and pay the designated fee. The application fee for Nursing Home and Assisted Living Facility Administrators is \$315.00.
- OFFICIAL TRANSCRIPT – OFFICIAL transcripts must be received from your school to include school seal, date of graduation, and program completed before licensure will be issued.
- VERIFICATION OF LICENSURE – Provide written verification from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees.
- NATIONAL PRACTITIONER DATA BANK (NPDB) – You will need to request a current self-query report from the NPDB. There are processing fees for each entity for this service. You may request the report through their website at <https://www.npdb.hrsa.gov/>. You must submit your completed NPDB report to the Board by fax, email, or mail.
- NATIONAL EXAMINATION – Exam scores should be requested directly from the National Association of Long-Term Care Administrator Boards (NAB) through their website at <http://www.nabweb.org>. There are processing fees for this service.
- VERIFICATION OF WORK EXPERIENCE – Provide third party original documentation of active practice as a licensed nursing home administrator (e.g. an original signed letter from employer on company letterhead to include dates of employment, location of work experience, and specific duties assigned which should be mailed to the Board by your employer). A resume may not be used as a substitute for proof of employment. “Active practice” means a minimum of 1,000 hours of practice as a licensed nursing home administrator within the preceding 24 months.
- ACTIVE MILITARY ORDERS – You must submit a copy of the active military orders which station the applicant or spouse in Virginia.
- MARRIAGE CERTIFICATE (SPOUSE ONLY) – A copy of the marriage certificate must be provided if the applicant is a spouse of a servicemember.
- NOTARIZED AFFIDAVIT – The attached affidavit must be signed before a notary and submitted to the Board.

GENERAL INFORMATION

- It is unlawful to practice as a Long-Term Care Administrator in Virginia until you have been issued a Virginia license.
- Documentation may be submitted electronically to lrc@dhp.virginia.gov .

BOARD OF LONG-TERM CARE ADMINISTRATORS' AFFIDAVIT FOR ACTIVE DUTY SERVICEMEMBER/SPOUSE LICENSE PORTABILITY APPLICATION

MARK ONLY ONE BOX	MARK ONLY ONE BOX
<input type="checkbox"/> By Endorsement (currently actively licensed, certified, or registered by another jurisdiction)	<input type="checkbox"/> Nursing Home Administrator
	<input type="checkbox"/> Assisted Living Facility Administrator

(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER OR VIRGINIA DMV CONTROL NUMBER*		
DATE OF BIRTH (mm/dd/yyyy)	MAIDEN/OTHER NAME(S), IF APPLICABLE	

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities.

AFFIDAVIT OF APPLICANT - I affirm by my notarized signature below:

- I am the applicant and meet the eligibility requirements of the Servicemembers Civil Relief Act (50 U.S.C. §4025(a)).
- I affirm that I have carefully read the laws and regulations related to the Virginia Board of Long-Term Care Administrators which are available at <https://www.dhp.virginia.gov/Boards/LTCA> and I fully understand that funds submitted as part of the application process shall not be refunded.
- I affirm that the information provided on this application has been personally provided and reviewed by me and that statements made on the application are true, correct, and complete.
- I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial or disciplinary action upon this license/certification/registration.
- I understand that I must meet and comply with the licensure requirements and scope of practice for physical therapy in Virginia.
- I affirm that my licenses are in good standing in all states in which I am licensed, whether current, inactive, or expired.
- I affirm that no license, whether current, inactive, or expired, has been revoked or disciplined, and no license is currently under investigation for unprofessional conduct in any state. I further affirm that no license has ever been voluntarily surrendered while under investigation for unprofessional conduct in any state.

Signature of Applicant

Date

State/ County of _____
The foregoing instrument was acknowledged before me
this _____ day of _____
by _____

NOTARY
SEAL