

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

NURSING HOME ADMINISTRATORS EXAMINING BOARD

RECIPROCITY EXPERIENCE RECORD

INSTRUCTIONS: Complete this form and return directly to DSPS at the above address. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or dspscrednha@wisconsin.gov.

The information below is being provided as evidence of having completed at least 2,000 hours of practice as a nursing home administrator in any consecutive 3-year period within the 5-year period immediately preceding the date of application. (Attach additional sheets, if necessary.)

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Application ID # (if applicable)			
<input type="text"/>			

1. Name of Nursing Home:	<input type="text"/>		
Nursing Home Address: (street, city, state, zip)	<input type="text"/>		
Title:	<input type="text"/>		
Employment Period:	From: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Hours Worked:	<input type="checkbox"/> Full-Time	Number of Hours per Week:	<input type="text"/>
	<input type="checkbox"/> Part-Time	Number of Hours per Week:	<input type="text"/>

2. Name of Nursing Home:	<input type="text"/>		
Nursing Home Address: (street, city, state, zip)	<input type="text"/>		
Title:	<input type="text"/>		
Employment Period:	From: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Hours Worked:	<input type="checkbox"/> Full-Time	Number of Hours per Week:	<input type="text"/>
	<input type="checkbox"/> Part-Time	Number of Hours per Week:	<input type="text"/>

3. Name of Nursing Home:	<input type="text"/>		
Nursing Home Address: (street, city, state, zip)	<input type="text"/>		
Title:	<input type="text"/>		
Employment Period:	From: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Hours Worked:	<input type="checkbox"/> Full-Time	Number of Hours per Week:	<input type="text"/>
	<input type="checkbox"/> Part-Time	Number of Hours per Week:	<input type="text"/>