

# Wisconsin Department of Safety and Professional Services

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Madison, WI 53705  
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Website: <http://dsps.wi.gov>

## NURSING HOME ADMINISTRATORS EXAMINING BOARD

### VERIFICATION OF LICENSURE

**APPLICANT: Complete top portion of this form and forward to Registration Agency.** Proper completion of this form (Form #419) is required for processing of the application. Any alteration made to the form will void the form.

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>
<b>Address (street, city, .state, zip)</b> <input type="text"/>			<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>

**REGISTRATION AGENCY: Complete section below and return directly to DSPS:** You may fax/email to: (608) 251-3036 or [DSPSCREDNHA@wisconsin.gov](mailto:DSPSCREDNHA@wisconsin.gov).

The above named individual was issued a license as a Nursing Home Administrator in this state.  Yes  No

License #:  Date Granted: / /  Expiration Date: / /

#### Licensed By:

Written Examination

NAB Exam  Yes If yes, provide score:   No If no, attach additional sheet with exam details.

Reciprocity from

Other

#### Information on Requirements:

Describe any education requirements for registration in your state.

  

Describe any requirements for experience in the field of institutional administration for registration in your state.

  

Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?

Yes  No If yes, please attach additional sheet with details.

I declare the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form.

Form Completed By:

Date

/ / 

Title

State