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

APPLICANT'S NAME (Last)	(First)	(M.I)

If you have Nursing Home Work Experience (Licensed NHAs, RNs and Physicians) please fill out below. Complete and attach as many CDPH 502B forms as necessary to show the required ten (10) years' work experience and potential reduction of hours.

Employment History

From (MM/DD/YY)	To (MM/DD/YY)	Job Title/Classification	Supervisory? ○Yes ○No

Hours Per Week	Total Worked (Years/Months)	Facility Name

Department of Nursing Home	Facility Address, City, State, Zip Code

Duties and Responsibilities

Check Appropriate Box

☐I am authorized and have personally verified the information from records on file at the facility	FROM:	TO:
☐I have personal knowledge of this work experience because I work at the same facility as the applicant	FROM:	TO:
Signature of licensed NHA, Physician, or RN	**License #:**	**Date:**