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

RE-EXAMINATION APPLICATION FOR NURSING HOME ADMINISTRATOR STATE EXAMINATION

Return this completed form with a check or money order made payable to NHAP with the appropriate fees to the following address:

Nursing Home Administrator Program
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416

For a current ***Fee List*** **and** ***Detailed Fee Analysis***, please visit our website at:
https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx

Applicant's Name (Last)	(First)	(M.I)	AIT/NHA Number
Mailing Address (Number) (Street)			Cell Phone Number
(City)	(County) (State) (Zip Code)		Home Telephone Number
E-mail Address			Date of Birth (MM/DD/YY)

Requested State Exam date: _____

If you require special accommodations, please provide the CDPH 523 form.

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.

I certify under the penalty of the perjury laws of the State of California that the information I have entered on this application is true and correct to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in denial of this application with the Nursing Home Administrator Program. I understand that if I fail to appear for the examination as scheduled, ***the fees are non-refundable and non-transferable*** *and will be forfeited.*

Applicant's Signature:	Date:

All information requested by the application is required by the California Department of Public Health, Nursing Home Administrator Program. Maintenance of the information requested on this form is authorized by the Health and Safety Code.