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

REQUEST FOR PROVIDER RENEWAL

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**, please visit our website at: www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx

PROVIDER'S NAME	PROVIDER NUMBER	TELEPHONE NUMBER	
ADDRESS (Number and Street Name)	(City)	(State)	(Zip Code)
PROVIDER'S E-MAIL ADDRESS			

Maintenance of the information requested on this form is authorized by the Health and Safety Code. Signature below certifies this is a renewal of a Continuing Education Provider previously approved within the last two-year period.
Failure to provide any of the required information will result in the application being rejected as incomplete.

APPLICANT'S SIGNATURE	DATE
NAME/TITLE	

FOR NHAP OFFICE USE ONLY
(Do Not Write Below This Line)

CASH #	AMOUNT	NHAP STAFF INITIALS