

License Verification Form

This application is intended for those applying for reciprocity in another state and are asking verification of their nursing home administrator license from the NHAP.

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

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

For a current **fee list**, please visit our [NHAP Fee List website](http://cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx)
(cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx)

SECTION I

Last Name	First Name	M.I.	NHA License Number

SECTION II

Please provide the name of the licensing agency and their contact information.

Licensing Agency	Email		
Address (Number and Street Name)	City	State	Zip Code

SECTION III

How does the licensing agency want your license of verification to be received? (Select all that apply)

Mail Email

By signing this, you authorize us to release your license information to the licensing agency.

Signature Of Applicant

Date