



Nursing Home Administrators Application for Temporary Licensure

Board of Nursing Home Administrators
P.O. Box 6330
Tallahassee, FL 32314-6330
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Do Not Write in this Space
For Revenue Receipting Only

Temporary License- \$475.00

This application and fee must be submitted with the endorsement application and fee.

Total fee of \$475.00 includes the following:

Application Fee	\$325.00
Licensure Fee	\$150.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a refund or a \$150.00 (Licensure Fee) refund if the temporary license was applied for. Requests to withdraw or for a refund must be made in writing. Certain fees are refundable for up to three years from the date of receipt.

1. PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Last/Surname First Middle MM/DD/YYYY

Address:

Street/P.O. Box _____ Apt. No. City _____

State _____ ZIP _____ Country _____ Telephone (Input without dashes) _____

Effective Date: _____
MM/DD/YYYY

I request a temporary license to be issued based on my application for licensure by endorsement from the state of _____, where I currently hold an active license. I understand that the holder of a temporary license is required to take and pass the laws and rules examination within 90 days of the issuance of this temporary. I understand I am subject to the Laws of the state of Florida and rules and regulations of the Board of Nursing Home Administrators governing the practice of nursing home administrators in Florida, under whose authority a temporary license may be issued.

I understand a temporary license terminates under the following conditions:

- Upon the holder's receipt of notification of the examination results
- If the holder ceases to function as an administrator of the named facility
- Failure to pass the examination

I also understand that failure to pass the examination shall disqualify me from subsequent temporary licensure and that a temporary license cannot be renewed or transferred to another individual or facility.

Applicant Signature: _____ Date: _____
MM/DD/YYYY

Name: _____

2. EMPLOYER / FACILITY OWNER

To be completed by your Employer/ Facility Owner

Employer/Owner Name: _____

Title of Employer/Owner: _____

Name of Nursing Home: _____

Address: _____
Street and Number Apt # City State ZIP

Name of Previous Administrator: _____ License Number: _____

I understand that the above applicant will be granted only a temporary license until he/she has met the Florida requirements for permanent licensure. I understand that these requirements must be met when the applicant takes the next scheduled examination in Florida. In the event this applicant resigns from this position or is terminated prior to licensure, I agree to notify the Board of Nursing Home Administrators within 24 hours.

Employer/Owner Signature: _____ Date: _____
MM/DD/YYYY