TEXAS Health and Human Services

Form 5535-NFA
April 2024

Nursing Facility Administrator Program

Reciprocity Licensure Questionnaire

Section 1: Applicant Information To be completed by the applicant.

Note: Completed forms and documents must be submitted to: **NFA_Licensing_Program@hhs.texas.gov**. If the state that issued the applicant's license is unable to verify education, four domains, internship and exam scores, it is the applicant's responsibility to submit proof of these items with this questionnaire.

License Information

Name of Applicant (last, first, middle):		Social Security No.:		
Maiden Name if applicable:		Email Address:		
Street Address:		City:	State:	ZIP Code:
Area Code and Phone No.	State Where Issued:	Nursing Facility Administrator (NFA) No.:		Date Issued:

Internship

If an applicant meets certain requirements, including having management experience, the applicant may complete a 500-hour internship rather than a 1,000-hour internship. Management experience is defined as full-time employment as a department head or licensed professional supervising two or more employees in a nursing facility or skilled nursing hospital unit. If the applicant wishes to qualify for a Texas license with a 500-hour internship and management experience, the applicant must include a resume with this form.

Resume Included? ◯ Yes ◯ No

Employment Information

Name of Employer:			
Street Address:		City: State: ZIP Code:	
Nursing Facility ◯ Yes ◯ No	Were you the administrator of record at this facility? ◯ Yes ◯ No	Date of Employment:	to

Section 2: To be completed by the state where the applicant is currently active. Return to the applicant once completed.

State Licensed In

License No.:	Date of Issuance:	Expiration Date:

Current Status: ◯ Active ◯ Expired ◯ Revoked ◯ Other: _____

Licensure Basis: ◯ Exam ◯ HSE certification from NAB ◯ Reciprocity ◯ Waiver ◯ Other: _____

Internship

Internship Completion Date:	No. of Hours Completed:

Is the internship part of a program that includes topics and activities described in the NAB-AIT manual? ◯ Yes ◯ No

Does the applicant have a Health Services Executive (HSE) qualification? ◯ Yes ◯ No

If so, can you certify that the applicant has not had a license or HSE qualification revoked in any state? ◯ Yes ◯ No

Education

Bachelor's Degree? ◯ Yes ◯ No

If yes, name of university where degree(s) were completed: _____

Name of Degree(s) Awarded: _____

Did the applicant meet a minimum of 12 semester credit hours in long-term care administration, or its equivalent, that includes courses in the four domains of the NAB? ◯ Yes ◯ No

Master's Degree? ◯ Yes ◯ No

If yes, name of university where degree(s) were completed: _____

Name of Degree(s) Awarded: _____

Did the applicant meet a minimum of 12 semester credit hours in long-term care administration, or its equivalent, that includes courses in the four domains of the NAB? ◯ Yes ◯ No

Examination

NAB Exam Name:	NAB Exam Date:	NAB Official Exam Score:
NAB Exam Name:	NAB Exam Date:	NAB Official Exam Score:
State Exam Date if applicable:		State Exam Passed? ◯ Yes ◯ No

Enforcement History

Disciplinary Actions Taken? ◯ Yes ◯ No If yes, provide additional information.

Notary Required

Signature – Representative of the State _____ Title _____

Name, Type or Print _____ Date _____

Country, Territory or Nation _____ State or Province _____ County of _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the ownership transfer affidavit and who being duly sworn by me, state that the above and forgoing information supplied in this instrument is complete, true and correct.

Subscribed and sworn before me, _____, a Notary Public for this state (or province) on the _____ day of _____, 20___.

(Notary Seal)

_____
Signature – Notary Public

With a few exceptions, you have the right to request and be informed about the information that HHSC obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect per Government Code, Sections 552.021, 552.023, and 559.004. To find out about your information and your right to request correction, contact the nursing facility administrator Program at NFA_Licensing_Program@hhs.texas.gov.

Email the completed form directly to the Texas Health and Human Services Commission, Nursing Facility Administrator Program at NFA_Licensing_Program@hhs.texas.gov