Oklahoma Long-Term Care Administrator License Verification Form

Oklahoma State Department of Health
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73102-6406
Office 405-426-8480

Please return to: Email longtermcareadminlicensing@health.ok.gov

A separate form must be completed for each state where the applicant is licensed.

Section A completed by the applicant. Once section A is complete, applicant must send the form to the licensing authority which issued their current license. The licensing authority must complete Section B and return to the Department.

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____

Section B to be completed by the licensing authority.

State where applicant is currently licensed: _____

Licensing Agency: _____

Licensing Program Email Address: _____

Is this individual currently licensed by your state? ☐ Yes ☐ No

Current License or Certificate Number: _____ License or Certificate Expiration Date: _____

Did this applicant successfully complete a NAB-approved training or its equivalent prior to being issued a license?

☐ Yes ☐ No

OKLAHOMA State Department of Health

Did your state require this Long-Term Care Administrator Applicant to pass the NAB CORE examination prior to issuing them a license?

☐ Yes ☐ No

Did your state require this applicant to pass a NAB Line of Service examination prior to issuing them a license?

☐ Yes ☐ No

If "yes," which NAB Line of Service examination did this applicant pass:

_____

What facility types does this applicant's license allow them to serve as administrator-of-record for in your state? (check all that apply)

☐ Nursing Facility

☐ Skilled Nursing Facility

☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (17 or more beds)

☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (16 beds or less)

☐ Residential Care Facility

☐ Adult Day Care

☐ Assisted Living Facility

☐ Other (please specify) _____

Has this individual ever been subject to the following actions? (check all that apply)

☐ Suspension

☐ Revocation

☐ Other disciplinary action (please explain and include dates):

_____

_____

Name and Title of Person Completing Form: _____

Signature: _____ Date: _____

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