



CANNON BUILDING  
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF NURSING HOME ADMINISTRATORS**

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WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

**SECTION A – INFORMATION PROVIDED BY NURSING HOME FACILITY – FOR TEMPORARY NURSING HOME ADMINISTRATOR LICENSURE**

**NURSING HOME FACILITY IDENTIFYING AND CONTACT INFORMATION** – to be completed by authorized official of facility and mailed directly to the Board office at the above address.

1. Name of Official: \_\_\_\_\_  
Last/Family Name First Middle
2. Check the position you hold with the nursing home facility:  
 Facility Owner  
 Employee of Governing Body: \_\_\_\_\_  
 Other: \_\_\_\_\_
3. Name of Facility: \_\_\_\_\_
4. Facility *Mailing* Address: \_\_\_\_\_  
\_\_\_\_\_  
City DE State Zip
5. Facility Phone: \_\_\_\_\_ Facility Email: \_\_\_\_\_
6. Has this facility operated under a Temporary Administrator permit within the past 12 months? Yes  No

**OUTGOING NHA INFORMATION** – to be completed by authorized official of facility

7. Outgoing NHA Name: \_\_\_\_\_  
Last/Family Name First Middle
8. Delaware License Number: H\_\_\_ - \_\_\_\_\_
9. Last Date of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(month/day/year)

**DESIGNATED TEMPORARY NHA INFORMATION** – to be completed by authorized official of facility

10. Designated Temporary Administrator Name: \_\_\_\_\_  
Last/Family Name First Middle

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**AFFIDAVIT OF AUTHORIZED OFFICIAL**

As an authorized official of the Nursing Home Facility named above, I do hereby initiate a request before the Delaware State Board of Examiners of Nursing Home Administrators for the designated temporary nursing home administrator named above to be granted the authority to serve at the facility in the capacity of Temporary Nursing Home Administrator, per the standards, qualifications and procedures established under Title 24, Chapter 52, of the *Delaware Code*. I have read the State statute governing nursing home administrators in Delaware. I have also read the Board's Rules and Regulations regarding the practice of nursing home administration in Delaware. I understand that the Board may require evidence additional to the material herein. I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

**SIGNATURE OF AUTHORIZED OFFICIAL:** \_\_\_\_\_ Date: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires on: \_\_\_\_\_