

Application for Temporary Administrator License

Please print

Applicant Name: _____

I do hereby affirm that I intend to employ the above listed applicant as the Administrator, of the listed nursing care institution, if the applicant is successful in obtaining a temporary license

Name of Owner/Person Hiring

DHS License number of Nursing Care Institution

Name of the Nursing Care Institution

Street Address

City State Zip

Telephone Fax

Reason for requesting a temporary license:

Signature of Owner/Employer: _____ Date: _____

State: _____

County: _____

Subscribed and sworn before me this _____ day of _____ 20 ____ by the affiant, who personally appeared before me.

NOTARY PUBLIC SIGNATURE

My Commission expires: _____
(OFFICIAL STAMP)