

NURSING HOME ADMINISTRATOR REPORT

Section 4751.02 (D), Ohio Revised Code

Per Rule 4751-1-10 (B) and R.C. 4751.02, please provide the information requested below for each place of employment. If you are not currently employed in a nursing home, please identify your other place(s) of employment.

NOTE: Only complete sections that apply – (A) Change of Contact Information & (B) New/Change of Employment Status

Mail completed form to: **Ohio BELTSS**
 246 N High Street, 1st Floor
 Columbus, OH 43215-2406
 (614) 466-5114 office (614) 466-0271 fax

Name _____

Street Address _____

City/State/ZIP _____

Phone (w/area code) _____ NHA License Number _____

Check box if the above is a new address or phone number.

JOB ASSIGNMENT CODE	
Use lines 1 and 2 to show primary and secondary assignments (if applicable).	
A- Nursing Home Administrator (Chief NHA facility)	
B- Nursing Home Administrator (Other than Chief NHA)	
C- Other Administrator assignment – Specify _____	
D- Director of Nursing	
E- Other Nursing Capacity	
F- Other Job Assignment – Specify _____	

ODH License Number	PLACE(S) OF EMPLOYMENT Enter all requested information covering the past 12 months for each place of employment or each occupation/profession.	DATES OF EMPLOYMENT		JOB ASSIGNMENT CODE	CHECKBELOW IF PLACE OF EMPLOYMENT IS NOT A NURSING HOME	AVERAGE NUMBER OF HOURS WORKED PER DAY/PER HOME								
		BEGAN MONTH/YEAR	ENDED MONTH/YEAR			SUN	MON	TUE	WED	THU	FRI	SAT		
	Name			1.										
	County State Phone (w/area code)			2.										
	Name			1.										
	County State Phone (w/area code)			2.										
	Name			1.										
	County State Phone (w/area code)			2.										

Signature of Nursing Home Administrator Named Above

NHA License Number

Date Signed