

NURSING HOME LICENSE RENEWAL APPLICATION

INSTRUCTIONS

Please complete this application in full.

Application for a nursing home license may be made by individual owner or administrative officer. An application on behalf of a corporation or governmental unit shall be made by any two officers thereof or by its managing agents on who rests responsibility for maintaining approved standards for the facility.

The application shall be verified before an officer of the State authorized to administer oaths, by the person, or a member of the firm or association or an officer of the corporation making this application.

License renewal fee and application form should be mailed to: Office of Health Facility Licensure and Certification, 408 Leon Sullivan Way, Charleston, WV 25301-1713

1. FACILITY IDENTIFICATION

EXACT NAME: _____

CITY: _____ COUNTY: _____

FEIN (Federal Employer Identification Number): _____

2. BUILDING

Total legal bed capacity: _____

3. ADMINISTRATOR OR SUPERINTENDENT

NAME: _____

WV Administrator's License Number: _____ Expiration Date: _____

Contact Email address: _____

4. **APPLICANT** (Legal entity to which the license is to be issued)

NAME OF ENTITY: _____ DATE: _____

ADDRESS: _____

SIGNATURE: _____

TITLE OR POSITION: _____

5. **If a facility is in compliance with the requirements of the Health Care Facility Financial Disclosure Law, it will be considered to have met this requirement. If applicable, please complete the sentence below. ***

The required Financial Disclosure Report for the fiscal year _____, 20 _____ through _____, 20 _____ has been placed on file with the Health Care Cost Review Authority.

*** Otherwise please attach:**

A. **BALANCE SHEET:** A Balance Sheet of the facility as of the end of the licensing term setting forth assets and liabilities at such date, including all capital, surplus, reserve, depreciation and similar accounts.

B. **OPERATIONS:** A statement of operations of the facility for your licensing term, setting forth all revenues, expenses, taxes, extraordinary items and other credits or charges.

VERIFICATION

STATE OF WEST VIRGINIA

COUNTY OF _____ ss

_____, being by me duly sworn on h _____
oath, deposes and says that _____ has read the foregoing application
and knows the content thereof, that the statements concerning the above named facility therein contained
are correct and true of h _____ knowledge.

SIGNED: _____
(Applicant)

Subscribed and sworn to before me this _____ day of _____, 20 _____

SIGNED: _____
(Notary Public)

My commission expires _____, 20 _____