



KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

P.O. Box 1360, Frankfort, KY 40602 - 500 Mero St., 2SC32, Frankfort, KY 40601
(502) 892-4255 - <http://ltca.ky.gov>

ENDORSEMENT FORM Form KBLTCA-2

Applicant Instructions: Complete the top section and forward a copy to each state in which you hold or have held a license to practice as a Long-Term Care Administrator (or equivalent). Please make copies as necessary.

Social Security Number: ____ - ____ - ____ License Number: _____

Licensee Name: _____

Licensee Address: _____

City: _____ State: _____ Zip Code: _____

Licensee Signature: _____

To Be Completed by Licensure Agency and Sent Directly to the KY Board of Licensure for Long-Term Care Administrators

1. Was your state the original licensure state of the applicant above?

Yes _____ No _____

If No, in which state did the application receive original license?

2. Did the applicant take a written examination for licensure?

Yes _____ No _____

If yes, what examination was administered and when?

Examination Series Number: _____ Total Raw Score: _____

3. Is the applicant's license current and in good standing? Yes ____ No ____

4. Is the applicant currently the subject of a pending investigation by your Board?

Yes ____ No ____ If yes, please attach a written explanation and any related documents.

5. Has the applicant ever been disciplined by any agency in your state? Yes ____ No ____

If yes, please attach a written explanation and any related documents.

Authorizing Signature Date

State Seal

Title

State