

Nursing Facility Administrator Program

**Request for Criminal History Evaluation Letter**

**Form 5530-NFA**

December 2009

Complete this form if you are requesting the Texas Health and Human Services Commission (HHSC) to issue a criminal history evaluation letter regarding your eligibility for a nursing facility administrator license.

I, , will enroll or am enrolled in an educational program or

I plan to take the examination for an initial nursing facility administrator license. I believe that I am ineligible for a

license because of my conviction or deferred adjudication for the following felony or misdemeanor offenses:

I request a criminal history evaluation letter determining whether I am eligible for a license based on the criminal history I have provided. I understand that the evaluation letter may not address evidence I do not disclose on this request or evidence that was not reasonably available to HHSC at the time of my request, and that the letter will not address other eligibility requirements.

I understand I must also submit a Department of Public Safety (DPS) Texas criminal conviction report and fingerprint card.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address | | City | | | State | ZIP Code |
| Date of Birth (mm/dd/yyyy) | Social Security No. | | Sex | Texas Driver’s License No. | | |

Signature Date

**Mail this form and your DPS Texas criminal conviction report and fingerprint card to the address below. Allow two weeks for processing.**

**Texas Health and Human Services Commission**

**Nursing Facility Administrator Program**

**P.O. Box 149030**

**Mail Code E-420 Austin, Texas 78714-9030**