

Nursing Facility Administrator Program
Request for Criminal History Evaluation Letter

Complete this form if you are requesting the Department of Aging and Disability Services (DADS) 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 DADS 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.

**Department of Aging and Disability Services
Nursing Facility Administrator Program
PO Box 149030
Mail Code E-420
Austin, Texas 78714-9030**