

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216 (601) 362-6914

www.msnha.ms.gov

Administer Two Facilities Form

\$300.00 Application Fee

Administrator Name: _____ License #: _____ Date: _____

Permanent Facility

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Facility Phone: _____ E-mail: _____

Temporary Facility

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Facility Phone: _____ E-mail: _____

Additional Information

Distance between two facilities: _____ miles Requested Effective Date: _____

Reason request is needed: _____

Signature of Administrator: _____

Office use only

Pre-Approval Date: _____

Director's Signature: _____

Effective Date: _____

Expiration Date: _____

Leave Date: _____

Board Approval Date: _____

Initials: _____