

# 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

\$200.00 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: \_\_\_\_\_