



# Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305; Jackson, MS 39216

(601) 362-6914

## ENDORSEMENT/RECIPROCITY QUESTIONNAIRE

The individual named below, who is or previously has been licensed in your state, has made application for license by endorsement as a Nursing Home Administrator in Mississippi. Please complete the following form and return to the above address. Thank you.

(The upper portion to be completed by applicant. **Provide a copy of this form to each state board that has issued you a license - include all states since original licensure**)

NAME: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

=====  
(This portion to be completed by an authorized individual with the state licensing board)

Is the above information the same as your records? Yes \_\_\_ No \_\_\_

LICENSE NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ DATE EXPIRES: \_\_\_\_\_

Did your state issue original license? Yes \_\_\_ No \_\_\_ If not, indicate state of original license \_\_\_\_\_

STATUS OF LICENSE: Active \_\_\_ Inactive \_\_\_ Expired \_\_\_

According to your records, what is the highest level of education achieved by this applicant? \_\_\_\_\_

If original license was issued by your state, please complete the following two questions:

Exam Score: Type \_\_\_\_\_ Raw Score \_\_\_\_\_ Scale Score \_\_\_\_\_ Date of Exam \_\_\_\_\_  
(NAB, PES or Other)

Was an A.I.T. Practicum successfully completed? Yes \_\_\_ No \_\_\_

Length of practicum: \_\_\_\_\_

Has the applicant ever been disciplined by your Board? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

According to your records, is the applicant in good standing with your Board at this time? \_\_\_\_\_

If no, please explain \_\_\_\_\_

Does the applicant currently have an investigation or a disciplinary action pending? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Name of individual completing this form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date

STATE SEAL

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address