

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

Individual Request for Continuing Education Credit

This form is required for individuals wanting to take a course for CEU credit that is NOT approved by the MS Board or by NAB (NCERS). A maximum of 10 hours will be accepted from individually approved programs per 2-year licensure period. Requirements are as follows:

1. Submit the form 30 days prior to the date of the program.
2. Complete the form in its entirety.
3. Attach a photocopy of the CE program literature
4. Submit the \$50 non-refundable fee.

Upon receipt of the form, the Board will review the request at their next scheduled board meeting. Please note: This review may not take place until after the date of the program.

CE Program Details

Title: _____

Date: _____ Location: _____ Provider: _____

Total CE contact hours: _____ Total requested CE contact hours: _____

Each activity of the CE program must include one or more areas of the Domains of Practice for long-term care administrators listed in Part 2703, Chapter 2, Rule 2.2 of the Rules and Regulations. Check all that apply and provide the amount of time addressed to the applicable area:

Domains of Practice	Duration of Time
<input type="checkbox"/> Resident Care and Quality of Life	_____
<input type="checkbox"/> Human Resources	_____
<input type="checkbox"/> Finance	_____
<input type="checkbox"/> Physical Environment and Atmosphere	_____
<input type="checkbox"/> Leadership and Management	_____

Administrator Name: _____ License # _____

Address: _____

Phone: _____ Email Address: _____

MS BNHA USE ONLY

BOARD ACTION: Approved for _____ hours Rejected

Date: _____ Authorized Signature _____