

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

Proof of Experience Form

Only use if no Bachelor Degree

Name of Applicant: _____

Employing Facility: _____

Job Title: _____

Date Supervisory Employment Began: _____

Number of People Supervised: _____

Titles of Those Supervised: _____

Job Duties: _____

Attach a copy of job description, including supervisory experience.

Owner/Regional Manager/Chairman of the Board
(Printed or Typed)

Signature

Date

Subscribed and sworn to before me this _____ Day of _____, 20____.

_____ my commission expires _____

(Notary Public)

NOTARY SEAL