

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Ste. 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

Request for Temporary Permit

Date: _____

We respectfully request that _____ be granted a temporary
(Applicant's Name)

Nursing Home Administrator License. We have immediate need for a Mississippi licensed
Nursing Home Administrator of record at _____.
(Facility Name)

Submitted by:

Facility Owner/Representative

Applicant

Print: _____

Signature: _____

Phone: _____

Facility Business Address:
