Application Information Sheet
Administrator-in-Training Program (AIT)

It is reasonable for you to expect a time frame of nine to twelve (9 - 12) months to complete the licensure process, from the time your application is filed to the time your license is granted. A copy of the MS State Rules and Regulations for licensure of Nursing Home Administrators is available on the website. (See Part 2703, Chapter 1, Rule 1.1, 1.2, 1.3, 1.5 and 1.7)

Eligibility:
- Applicants must have successfully completed at least 64 college semester credit hours AND must have two (2) years of full-time supervisory experience in a Mississippi licensed nursing home for a minimum period of two (2) consecutive years immediately prior to making application for the A.I.T. Program

OR
- Applicants must have a Bachelor Degree
- Applicants must be 21 years old
- Applicants must be of good moral character and physically able to perform duties
- Applicants must pass a state and federal background check within the past six (6) months
- Applicants must have a qualified Preceptor and Place of Employment in a Mississippi licensed nursing home

Steps to Completion of Application:
1) Obtain a Preceptor. Use the Qualified Preceptor List found on the website – www.msnha.ms.gov. A Preceptor will supervise your training for the AIT program and must meet with you at least 8 hours a week. You will sign a formal agreement with the Preceptor. Your application will not be accepted without a Preceptor.

2) Obtain Employment at a Nursing Home Facility. The A.I.T. program requires you to be employed at an approved Mississippi licensed nursing home facility, Monday – Friday (during normal business hours) for at least 40 hours per week as an A.I.T.

3) Request your College Transcript(s). Your transcript(s) must be sent directly (via snail mail or E-Script) from the institution to the MS State Board of Nursing Home Administrators’ (MSBNHA) office at 1755 Lelia Drive, Suite 305, Jackson, MS 39216 or crowden@msnha.ms.gov. Transcripts from all institutions beyond high school are required, including community college, business school, and nursing school. The official transcript will bear the seal of the institution.

*Applicants with educational requirement less than a bachelor’s degree also are required to provide documentation of work in a supervisory capacity in a Mississippi-licensed nursing home for a minimum of two (2) consecutive years immediately prior to making application for the A.I.T. Program.
4) **Request a Background Check.** This should be completed by the facility where you will be employed as an A.I.T. The facility will process the background check through the MS State Dept. of Health. The facility will provide a **notarized** letter on facility letterhead stating the results and these results must be sent directly to MSBNHA.

5) **Obtain Letters of Recommendation.** Three letters of recommendation that speak to your moral character, work ethic, and dependability are required. These letters can be mailed directly to our office or collected by you and mailed to our office. They must all bear **original** signatures and be dated within the last six months.

6) **Obtain a Physician’s Statement.** The physician must complete and sign the Physician’s Statement enclosed in the application packet which states that you are physically capable to perform the duties of a nursing home administrator as required.

7) **Proof of License or Certification.** Proof of any license/certification must be provided to the MSBNHA office. Listed should be your licensure dates, status, and if any disciplinary action has been taken against your license.

7) **Complete the Application.** The application can be submitted electronically or by mail. The accompanying documents requiring **original** signatures must be submitted by mail. Please make copies of all documents and use a tracking method for mailing.

8) **Pay Application Fee.** The cost for submitting your application is $225 payable to MS Board of Nursing Home Administrators.

**Application Approval Timeline:**
- **Complete** applications are submitted for pre-approval monthly so that AITs can begin the program on the **1st day of the month.** The Application is considered complete when the **originals** of all required documents are received in the Board office. In order to be pre-approved, the completed Application must be received by the 15th of the month previous month you are requesting to begin.
- Applications that are not pre-approved will be submitted to the Board for approval at the next regularly scheduled quarterly board meeting. Applicants may be interviewed by the Board.
- When approved, you will receive an approval letter from the MSBNHA.
- When approved, your Preceptor will receive a letter which outlines due dates for monthly reports and evaluations. You will receive a photocopy of this letter so that you are informed of due dates as well.

**Licensing Requirements:**
1) Successful completion of the AIT Program.
2) Completion of the Board approved Administrator-in-Training Educational Course sponsored by the MS Health Care Association and covering all categories in the Domains of Practice for Nursing Home Administrators.
3) Successfully pass the State Examination administered by MSBNHA.
4) Successfully pass both sections of the NAB Examination administered by National Association of Long Term Care Administrator Boards.
5) Complete the two-day training course required by the State Department of Health, Office of Licensure and Certification.

Revised June 2018
Application Checklist
Administrator-in-Training Program (AIT)

In compliance with MS Code Ann. 73-17-11, you must submit the following documents along with your Application for License. These documents must be the *originals* with the original signatures. The transcript(s) must come to the Board office directly from the school either by mail or electronically. Also include this checklist with a check beside each enclosure:

- Proof that you are at least 21 years of age. (Ex: a copy of your driver's license)

- Proof of good moral character. (Three letters of recommendation from professional references are required. The references may not be related by blood or marriage and must be able to address your character and professional competence.)

- Proof that you are in good health and physically able to perform the duties of a nursing home administrator (The Physician Statement form signed by your physician. Please do not submit personal health information, such as results of a check-up.)

- Proof of licensure status, licensure dates, and any disciplinary action taken must be provided for any and all licenses or certifications you have held or currently hold.

- Proof of successful completion of educational requirements. (An official transcript documenting completion of academic semester hours must be forwarded directly to the Board office from the institution via mail or electronically and must bear the official seal of the institution. *All* transcripts where applicant received college credit must be sent to MSBNHA.)

- If no Bachelor’s Degree, a signed statement from your nursing home administrator describing the duties you have performed, the number of employees you have supervised, a job description, and any other information concerning your work experience for at least the last twenty-four (24) months that may be helpful to the Board when determining eligibility to enter the A.I.T. Program.

- Documents providing the details for your participation in a formal Administrator-in-Training Program under a certified preceptor for six (6) consecutive months (The Certificate of Employment form and the A.I.T./Preceptor Agreement form).

- Proof that a state and federal criminal record check was performed within the last six (6) months to be sent directly to the Board’s administrative office from a) the employing institution, or b) the Mississippi Criminal Information Center. (This document must be notarized.)

- Application Fee of $225.00
APPLICATION FOR LICENSE
NURSING HOME ADMINISTRATOR

I hereby make application for License as a Nursing Home Administrator pursuant to the Laws of the State of Mississippi and the Regulations of the Mississippi State Board of Nursing Home Administrator.

GENERAL INFORMATION

1. Name: ____________________________________________________________________________
   LAST   FIRST   MIDDLE   MAIDEN

   Do you have a name or nickname you prefer to be called? If so, please provide: ________________

2. Home Mailing Address: __________________________________________________________________
   STREET OR P. O. BOX   CITY   STATE   ZIP CODE

3. Home Phone: ____________________________

4. Cell Phone: ______________________________

5. Personal Email: __________________________

6. Date of Birth: ____________________________

7. Social Security Number: ________________

8. Driver's License Number: __________________

AIT INFORMATION

9. Facility Name: ________________________________________________________________________

10. Facility Mailing Address: __________________________________________________________________
    STREET OR P. O. BOX   CITY   STATE   ZIP CODE

11. Facility Phone: ____________________________

12. A.I.T. Business Email: ____________________________

13. Preceptor Name: ____________________________

14. Preceptor License Number: __________________

Date Submitted: ______________

APPLICATION FEE = $225.00

Attach a recent photograph with your name and date provided on the back
15. Please list your education history beginning with High School diploma. List every institution that you attended and received college credit. **Have all of your official college credit transcripts sent directly to MSBNHA.**

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Location</th>
<th>Dates Attended From:</th>
<th>Dates Attended To:</th>
<th>Major</th>
<th>Degree Earned</th>
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**EMPLOYMENT HISTORY**

16. List your employment history beginning with your current employment.

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<tr>
<th>From Mo/Yr</th>
<th>Employer</th>
<th>Type of Business</th>
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<tbody>
<tr>
<td>To Mo/Yr</td>
<td>City/State</td>
<td>Job Title</td>
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<td>Job Description</td>
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<td>Job Description</td>
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Revised June 2018
Membership in Professional Societies and Associations

17. Please list any active memberships and associations:

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Date of Membership</th>
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</table>

Licenses and Professional Certifications

18. Please list all current and previous license and professional certifications held. Have licensure board forward proof of license directly to MSBNHA.

<table>
<thead>
<tr>
<th>Type of License</th>
<th>Licensure State</th>
<th>License Number</th>
<th>Date Licensed From:</th>
<th>Date Licensed To:</th>
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Background and Character

19. Have you ever been arrested, convicted, or have a trial pending, for committing a crime, felony or misdemeanor?
   □ No
   □ Yes, explain: ________________________________________________________________
   ________________________________________________________________

20. Are you in good health and physically able to perform the duties of a nursing home administrator?
   □ Yes
   □ No, explain: ________________________________________________________________
   ________________________________________________________________

21. Have you ever received treatment for excessive use of alcohol, drugs or narcotics?
   □ No
   □ Yes, explain: ________________________________________________________________
   ________________________________________________________________

Revised June 2018
22. Have you applied for a Nursing Home Administrator’s license in another state?
   - No
   - Yes, list states: 

23. Have you ever had a Certificate or Professional license refused, revoked, suspended, voluntarily surrendered, or encumbered in any way (including discipline action)?
   - No
   - Yes, explain: 

24. Do you have any pending disciplinary action on any Certificate or Professional license?
   - No
   - Yes, explain: 

References

25. Please provide three (3) references, not related by blood or marriage, who can testify to your character and professional competence.

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<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Title</td>
<td>City/State</td>
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<tr>
<td>Business</td>
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AFFIDAVIT OF APPLICATION

I hereby certify that all information contained herein is complete and correct, that I am familiar with the Mississippi Statute pertaining to nursing homes and/or health care facilities and their administration.

If granted a license to practice as a Nursing Home Administrator in the State of Mississippi, I will obey the laws of the State, the Rules and Regulations of the Mississippi State Board of Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in the Application that my Application may be rejected or my license may be revoked by the Board.

__________________________________________
(Signature of Applicant)

Date ______________________________

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

__________________________________________ My commission expires ________________________
(Notary Public)

NOTARY SEAL
Certificate of Employment

I certify that ________________________________ is employed by ____________________________________________ as of ___________________________

(Name of AIT) (Name of Facility) (Effective date of employment)

and will become a full-time, practicing, Administrator-in-Training after being approved by the Mississippi State Board of Nursing Home Administrators.

__________________________________________________________
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
Administrator-in-Training/Preceptor Agreement

I, __________________________________ have entered into an agreement with

(Administrator-in-Training)

________________________________________ to serve as my preceptor for a period of six months,

(Preceptor)

beginning ____________________________________.

(month - day - year)

I will be an Administrator-in-Training at ____________________________________________,

(primary facility)

Located at ________________________________________________________________.

(address and city)

My Preceptor is at ____________________________________________,

(facility)

Located at ________________________________________________________________.

(address and city)

By affixing our signatures below, both my Preceptor and I agree to follow standards and
guidelines set forth by the Board and to submit such periodic and special reports as the Board may
require during the period of training.

Signature __________________________________________________________

(Administrator-in-Training) (Date signed)

Signature __________________________________________________________

(Preceptor) (Date signed)

NOTE: Part 2703, Chapter 1, Rule 1.2.C.(1) states:

"A candidate shall be deemed to have abandoned the application if he/she does not begin the A.I.T.
Program within ninety (90) days from date of Board approval to enter the Program".

Revised June 2018
Physician’s Statement

Note to the Physician: ____________________________ is applying for a Mississippi Nursing Home Administrator License. Proof of good health of all license candidates is required by state law. Only the original document will be accepted.

______________________________ is in good health and physically able to perform the duties of a nursing home administrator.

______________________________
Physician’s name (please print or type)

______________________________
Physician’s signature

______________________________
Physician’s business address

______________________________
Date
Proof of Experience Form

Only use if no Bachelor Degree

Employing Facility: ____________________________________________________________

Job Title: _________________________________________________________________

Date Supervisory Employment Began: ______________________________________

Number of People Supervised: _____________________________________________

Titles of Those Supervised: _______________________________________________

Job Duties: _______________________________________________________________

________________________________________________________

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

Revised June 2018