

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

Certificate of Employment

I certify that _____ is employed by
(Name of AIT)

_____ as of _____
(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