

# 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/will be employed by  
*Name of Applicant*

\_\_\_\_\_ as of \_\_\_\_\_  
*Name of Facility* *Effective date of employment*

and will become a full-time, practicing, Administrator 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