

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

Endorsement Application Information Sheet

Applicants for licensure through endorsement are approved at the quarterly meetings of the Board. A completed application must be processed by the office two (2) weeks prior to the next scheduled board meeting for the applicant to be considered on the agenda. Upcoming board meetings are listed on the website. It is the applicant's responsibility to check on the status of their application.

A copy of the MS State Rules and Regulations for licensure of Nursing Home Administrators is also 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 held a license in another state
- Applicant must meet education requirements*
- Applicants must be at least 21 years of age
- Applicants must be of good moral character and physically able to perform duties
- Applicants must pass a state and federal background check
- Applicants must have a Place of Employment in a MS Nursing Home
- Applicants must have completed an AIT program (1,040 hours) or have two (2) years out of the past three (3) years of experience as a nursing home administrator or have ten (10) years of work experience as a Nursing Home Administrator.

Steps to Licensure:

- 1) **Submit application and fee.** A complete application packet is available at – www.msnha.ms.gov. 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 before mailing and use a tracking method for mailing. The application fee is \$250.00 payable to MS State Board of Nursing Home Administrators
- 2) **Mail Endorsement/Reciprocity Questionnaire** to each state in which you applied for a NHA license and each state in which you were granted a NHA license. *Note: The state that issued your original license should provide proof of AIT Program and NAB score.*
- 3) **Request your College Transcript(s).** All transcripts from all institutions beyond high school are required, including community and technical college, undergraduate and graduate school, to submit an official transcript directly to MSBNHA. 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. Please use the Proof of Experience form to document your supervisory experience. In addition, have your employing facility submit a job description.

- 4) **Request a Background Check.** This should be completed by the facility where you will be employed. The facility will process the background check through the MS State Dept. of Health. The facility will provide a notarized letter stating the results directly to MSBNHA.
- 5) **Obtain Letters of Recommendation.** Three letters of recommendation that speak to your moral character, work ethic, and dependability are required. Please have these letters 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.

Application Approval Timeline:

- Applications are complete when the originals of all required documents are received in the Board office.
- The Board reviews application and pertinent documents at the next scheduled board meeting and either approves, denies, or requests additional information from the applicant. In some instances, the applicant must meet with the Board.
- Notice of the Board's action is mailed to the applicant within several days of the Board meeting
- If approved, the applicant must sit for and pass the state test within 120 days from Board approval.
- Upon passage of the state test, the applicant will be mailed a license application and invoiced for the license fee.
- Upon receipt of the License application and fee, the license may be issued.

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Application Checklist Endorsement

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, signed and dated within the past six (6) months. 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 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.)
- Proof that you successfully **completed all 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.)
- Proof of your completion of a state-approved **Administrator-in-Training Program** for six (6) consecutive months (1,040 hours), OR proof that you have had two (2) years of experience out of the past three (3) years as a long term health care facility administrator, OR proof that you have had ten (10) years of experience as a long term health care facility administrator. (This is normally provided by the state board that issued your original license on the Endorsement Questionnaire form. If NOT provided, applicant must provide satisfactory proof. Proof of experience must be provided by previous employer(s).)
- Proof of your **NAB Examination Score**. (A scale score of 113 is required. This is normally provided by the state board that issued your original license on the Endorsement Questionnaire form. If NOT provided, applicant must provide satisfactory proof.)
- Application Fee** of \$325.00

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Date Submitted: _____

APPLICATION FEE = \$325.00

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.

*Attach a recent photograph with
your name and date provided on
the back*

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: _____ State _____

MS NURSING HOME FACILITY INFORMATION

9. Facility Name: _____

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

11. Facility Phone: _____ 12. Business Email: _____

EDUCATION

13. 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.**

Institution Name	Location	Dates Attended From:	Dates Attended To:	Major	Degree Earned

EMPLOYMENT HISTORY

14. List your employment history beginning with your current place of employment.

From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					

Membership in Professional Societies and Associations

15. Please list any **active** memberships and associations:

Name of Organization

Date of Membership

_____	_____
_____	_____
_____	_____

Licenses and Professional Certifications

16. Please list all current and previous licenses (including Nursing Home Administrators licenses) and professional certifications held. Have licensure board forward proof of license/certification directly to MSBNHA.

Type of License	Licensure State	License Number	Date Licensed From:	Date Licensed To:

Background and Character

17. Have you ever been arrested, convicted, or have a trial pending, for committing a crime, felony or misdemeanor?

- No
- Yes, explain: _____

18. Are you in good health and physically able to perform the duties of a nursing home administrator?

- Yes
- No, explain: _____

19. Have you ever received treatment for excessive use of alcohol, drugs or narcotics?

- No
- Yes, explain: _____

20. Have you applied for a Nursing Home Administrator's license in another state?

- No
- Yes, list states: _____

21. Have you ever failed examination or been refused a license by an examiner of any state?

- No
- Yes, list states: _____

22. 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: _____

23. Do you have any pending disciplinary action on any Certificate or Professional license?

- No
- Yes, explain: _____

References

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

Name		Address	
Title		City/State	
Business		ZIP	

Name		Address	
Title		City/State	
Business		ZIP	

Name		Address	
Title		City/State	
Business		ZIP	

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

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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

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Physician's Statement

Note to the Physician: _____ is applying for a Mississippi
(Applicant's Name)

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
(Patient's Name)
the duties of a nursing home administrator.

Physician's name (please print or type)

Physician's signature

Physician's business address

Date

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ENDORSEMENT/RECIPROCITY QUESTIONNAIRE

Applicant: Complete this section and provide a copy of this form to each state board that has issued you a license or to any state board to which you have applied for licensure. Send to ALL states since original licensure.

NAME: _____ HOME ADDRESS: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

State Licensing Board: This individual, who is or has previously been licensed in your state, has made application for license by endorsement as a Nursing Home Administrator in Mississippi. Please complete the following form and return to the above address. Thank you.

1) Is the above information the same as your records? Yes No

LICENSE NUMBER: _____ DATE ISSUED: _____ DATE EXPIRES: _____

STATUS OF LICENSE: Active Inactive Expired _____

2) Did your state issue original license? Yes No If **No**, indicate state of original license _____

3) If original license was issued by your state, what was the type of exam? NAB PES Other

Raw Score _____ Scale Score _____ Date of Exam _____

4) If original license was issued by your state, was an A.I.T. Practicum successfully completed?

No Yes Length of practicum: _____

5) Has the applicant ever been disciplined by your Board? No Yes If **Yes**, please explain:

6) According to your records, is the applicant in good standing with your Board at this time? Yes No _____

If **No**, please explain

7) Does the applicant currently have an investigation or a disciplinary action pending? No Yes

8) According to your records, how many years/months has this applicant been employed in your state as a Nursing Home Administrator? _____ Years _____ Months

Printed Name of individual completing this form

Signature

Official Title

Date

STATE SEAL

Mailing Address

Phone Number

State of: _____

City, State, Zip Code

Email Address