

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

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