

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

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