

# Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

## Continuing Education Approval Request Form

Submit this request at least thirty (30) days prior to presentation of the program. **In order to be eligible for approval, the program(s) must be open to all administrators and must relate to nursing home administration (See the Domains of Practice).** Sponsors are responsible for monitoring attendance and furnishing each participant with evidence of attendance.

Sponsor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Program Coordinator Name: \_\_\_\_\_ Coordinator Phone: \_\_\_\_\_

Complete the information below and check the corresponding box if you want that information to be displayed on our website for individuals wanting to register for the program.

Web address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is this program open to all licensed administrators?

Yes  No

Total program education hours (1 clock hour = 1 CE hour) \_\_\_\_\_

Total program education hours approved: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Location: \_\_\_\_\_ Program Date: \_\_\_\_\_

Additional Location: \_\_\_\_\_ Additional Date: \_\_\_\_\_

Additional Location: \_\_\_\_\_ Additional Date: \_\_\_\_\_

For approval, you must specify where this program falls within the **Domains of Practice**. Identify the appropriate category by name and specific skill or knowledge within that category which applies to the content of your program. The program must assist nursing home administrators in the improvement of their professional competencies. List categories here or attach:

### MS BNHA USE ONLY

BOARD ACTION:  Approved for \_\_\_\_\_ hours  Rejected

Date: \_\_\_\_\_ Authorized Signature \_\_\_\_\_