

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

Administer Two Facilities Form

\$200.00 Application Fee

Administrator Name: _____ **License #:** _____ **Date:** _____

Permanent Facility

Facility Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Facility Phone: _____ **E-mail:** _____

Temporary Facility

Facility Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Facility Phone: _____ **E-mail:** _____

Additional Information

Distance between two facilities: _____ miles **Requested Effective Date:** _____

Reason request is needed: _____

Signature of Administrator: _____

Office use only

Pre-Approval Date: _____

Director's Signature: _____

Effective Date: _____

Expiration Date: _____

Leave Date: _____

Board Approval Date: _____

Initials: _____