

# Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Ste. 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

Application Fee \$175.00

**Reinstatement Application (3-5 yrs)**

License # \_\_\_\_\_

## Personal Information

Mr. / Ms. / Dr. \_\_\_\_\_  
(Circle preferred) (Last Name) (First Name) (Middle Name) (Maiden Name)

\_\_\_\_\_  
(Preferred Name) (Social Security #) (Date of Birth) (Driver License's Number)

\_\_\_\_\_  
(Home Address) (City) (State) (ZIP)

\_\_\_\_\_  
(Home Phone) (Cell Phone) (Home Email Address)

I hereby authorize the Board to release or disclose my home or residence address to any person or party who requests this information until 6/30/2017.

My highest education degree achieved is: \_\_\_\_\_

## Mississippi Nursing Home Facility

Facility Name: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Address 1: \_\_\_\_\_ Facility FAX: \_\_\_\_\_

Address 2: \_\_\_\_\_ Business Email: \_\_\_\_\_

City/ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

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

## Reinstatement Questions – complete and sign

1. Since your license has lapsed, have you been charged either by the United States Government or a State or Local Government for committing any felony or misdemeanor (other than a traffic offense)?  
 Yes  No If yes, attach full explanation.
2. Are you currently being treated or have you ever been treated for excessive use of alcohol, drugs or narcotics?  
 Yes  No If yes, attach full explanation.
3. To the best of your knowledge since your license has lapsed, has there been or is there any disciplinary action taken or pending against you by any licensing board or professional society?  
 Yes  No If yes, attach full explanation.
4. Since being licensed as a nursing home administrator in Mississippi have you been issued a Nursing Home Administrator license in any other state or returned to work in another state under a previously issued license?  
 No  Yes, list the state(s) \_\_\_\_\_  
(If Yes, submit an Endorsement Questionnaire to the state Board(s) from which you have received a license.)

*I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I authorize employers for the past five years to release records to the Board that may be necessary to verify my qualifications for practice as a Nursing Home Administrator.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

## Certificate of Employment

I certify that \_\_\_\_\_ is employed by  
(Name of AIT)

\_\_\_\_\_ as of \_\_\_\_\_  
(Name of Facility) (Effective date of employment)

and will become a full-time, practicing, Administrator-in-Training 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

## Administrator-in-Training/Preceptor Agreement

I, \_\_\_\_\_ have entered into an agreement with  
(Administrator-in-Training)

\_\_\_\_\_ to serve as my preceptor for a period of 12 weeks,  
(Preceptor)

beginning \_\_\_\_\_.  
(month - day - year)

I will be an Administrator-in-Training at \_\_\_\_\_,  
(primary facility)

Located at \_\_\_\_\_.  
(address and city)

My Preceptor is at \_\_\_\_\_,  
(facility)

Located at \_\_\_\_\_.  
(address and city)

By affixing our signatures below, both my Preceptor and I agree to follow standards and guidelines set forth by the Board and to submit such periodic and special reports as the Board may require during the period of training.

Signature \_\_\_\_\_  
(Administrator-in-Training) (Date signed)

Signature \_\_\_\_\_  
(Preceptor) (Date signed)

NOTE: Part 2703, Chapter 1, Rule 1.2.C.(1) states:

"A candidate shall be deemed to have abandoned the application if he/she does not begin the A.I.T. Program within ninety (90) days from date of Board approval to enter the Program".

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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: \_\_\_\_\_

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**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, what is the highest level of education achieved by this applicant? \_\_\_\_\_

\_\_\_\_\_  
*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*