

# Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, 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