

# Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, 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