

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, 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)

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:

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BOARD ACTION: Approved for _____ hours Rejected

Date: _____ Authorized Signature _____