

## Temporary Permit Application Information Sheet

Applicants already licensed as a Nursing Home Administrator in another state may request a temporary permit from the Board to act as the Administrator of Record for a Mississippi nursing home before the next scheduled quarterly board meeting. The applicant and the facility must complete a Temporary Permit Request and pay appropriate fees. This Temporary Permit is good for ninety (90) days from approval during which time the applicant must sit for and pass the state exam. A completed application must be processed by the office before the temporary permit is submitted for approval. It is the applicant's responsibility to check on the status of their Temporary Permit Application.

A copy of the MS State Rules and Regulations for licensure of Nursing Home Administrators is also available on the website. (See Part 2703, Chapter 1, Rule 1.1, 1.2, 1.3, 1.5 and 1.7)

### Eligibility:

- Applicants must have held a license in another state
- Applicant must meet education requirements\*
- Applicants must be at least 21 years of age
- Applicants must be of good moral character and physically able to perform duties
- Applicants must pass a state and federal background check
- Applicants must have a Place of Employment in a MS Nursing Home
- Applicants must have completed an AIT program (1,040 hours) or have two (2) years out of the past three (3) years of experience as a nursing home administrator or ten (10) years of work experience as a nursing home administrator.
- Applicants and the facility must make formal request and payment for a temporary permit

### Steps to Licensure:

- 1) **Obtain Employment at a Mississippi Nursing Home.** The employing nursing home is required to submit the Certificate of Employment and to submit the state and federal background check.
- 2) **Submit application and fee.** A complete application packet is available at – [www.msnha.ms.gov](http://www.msnha.ms.gov). The application can be submitted electronically or by mail. The accompanying documents requiring original signatures must be submitted by mail. Please make copies of all documents before mailing and use a tracking method for mailing. The application fee is \$225.00 payable to MS State Board of Nursing Home Administrators. An additional temporary permit application fee is \$200.00.
- 3) **Mail Endorsement/Reciprocity Questionnaire** to each state in which you applied for a NHA license and each state in which you were granted a NHA license. *Note: The state that issued your original license should provide proof of AIT Program and NAB score.*
- 4) **Request your College Transcript(s).** Use the Transcript Request Form in the packet to have your transcript(s) sent directly to the Board. Transcripts from all institutions beyond high school are

required, including community and technical college, undergraduate and graduate school. The official transcript will bear the seal of the institution.

\*Applicants with educational requirement less than a bachelor's degree also are required to provide documentation of work in a supervisory capacity in a licensed nursing home for a minimum of two (2) consecutive years immediately before making application for the A.I.T. Program.

- 5) **Request a Background Check.** This should be completed by the facility where you will be employed. The facility will process the background check through the MS State Dept. of Health. The facility will provide a notarized letter stating the results directly to MSBNHA.
- 6) **Obtain Letters of Recommendation.** Three letters of recommendation that speak to your moral character, work ethic, and dependability are required. These letters can be mailed directly to our office or collected by you and mailed to our office. They must all bear original signatures and be dated within the last six months.
- 7) **Obtain a Physician's Statement.** The physician must complete and sign the Physician's Statement enclosed in the application packet which states that you are physically capable to perform the duties of a nursing home administrator as required.
- 8) Submit a separate **fee of \$50** for the issuance of the Temporary Permit.
- 9) Submit a **Temporary Permit Request** letter from the Employer and Applicant for the temporary permit that is signed, dated and has the name of the facility listed.

### **Application Approval Timeline:**

- Applications are complete when the originals of all required documents are received in the Board office.
- The Board reviews application and pertinent documents at the next scheduled board meeting and either approves, denies, or requests additional information from the applicant. In some instances, the applicant must meet with the Board.
- The Applicant is notified of the Board's decision as soon as possible and, if approved, is provided a temporary permit as a licensed Mississippi Nursing Home Administrator.
- If approved, the applicant must sit for and pass the state test within ninety (90) days from Board approval to receive a permanent license.
- Upon passage of the state test, the applicant will be mailed a license application and invoiced for the license fee.
- Upon receipt of the License application and fee, the license may be issued.

# Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

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## Application Checklist - Temporary Permit

In compliance with MS Code Ann. 73-17-11, you must submit the following documents along with your Application for License. These documents must be the **originals** with the original signatures. The transcript(s) must come to the Board office directly from the school either by mail or electronically.

- Proof that you are at least **21 years of age**. (Ex: a copy of your driver's license)
- Proof of **good moral character**. (Three letters of recommendation from professional references, signed and dated within the past six (6) months. The references may not be related by blood or marriage and must be able to address your character and professional competence.)
- Proof that you are in **good health** and physically able to perform the duties of a nursing home administrator (The Physician Statement form signed by your physician. Please do not submit personal health information, such as results of a check-up.)
- Proof that a **state and federal criminal record check** was performed by your employing Mississippi nursing home within the last six (6) months. (This notarized document must be sent directly to the Board's administrative office.)
- Proof that you successfully **completed all educational requirements**. (An official transcript documenting completion of academic semester hours must be forwarded directly to the Board office from the institution via mail or electronically and must bear the official seal of the institution.)
- Proof of your completion of a state-approved **Administrator-in-Training Program** for six (6) consecutive months (1,040 hours), OR proof that you have had two (2) years of experience out of the past three (3) years as a long term health care facility administrator. (This is normally provided by the state board that issued your original license on the Endorsement Questionnaire form. If NOT provided, applicant must provide satisfactory proof.)
- Proof of your **NAB Examination Score**. (A scale score of 113 is required. This is normally provided by the state board that issued your original license on the Endorsement Questionnaire form. If NOT provided, applicant must provide satisfactory proof.)
- Proof that you are employed in a Mississippi sub-acute or long term care facility. (Provided on the **Certificate of Employment** form. *You cannot serve as Administrator of record without being issued a Mississippi nursing home administrator license.*)
- Letter of request for Temporary Permit signed by applicant and facility.
- Application Fee** of \$225.00, **Temporary Permit Application Fee** of \$200.00, and **Temporary Permit Fee** of \$50.00

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Date Submitted: \_\_\_\_\_

APPLICATION FEE = \$225.00

## APPLICATION FOR LICENSE NURSING HOME ADMINISTRATOR

I hereby make application for License as a Nursing Home Administrator pursuant to the Laws of the State of Mississippi and the Regulations of the Mississippi State Board of Nursing Home Administrator.

*Attach a recent photograph with  
your name and date provided on  
the back*

### GENERAL INFORMATION

1. Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Do you have a name or nickname you prefer to be called? If so, please provide: \_\_\_\_\_

2. Home Mailing Address: \_\_\_\_\_  
STREET OR P. O. BOX CITY STATE ZIP CODE

3. Home Phone: \_\_\_\_\_ 4. Cell Phone: \_\_\_\_\_

5. Personal Email: \_\_\_\_\_ 6. Date of Birth: \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_ 8. Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

### MS NURSING HOME FACILITY INFORMATION

9. Facility Name: \_\_\_\_\_

10. Facility Mailing Address: \_\_\_\_\_  
STREET OR P. O. BOX CITY STATE ZIP CODE

11. Facility Phone: \_\_\_\_\_ 12. Business Email: \_\_\_\_\_

**EDUCATION**

13. Please list your education history beginning with High School diploma. List each institution that you attended and received college credit. *Have your official college credit transcripts sent directly to MSBNHA.* Also include any education or training that you have had that is related to the operation of nursing homes or health care facilities.

Institution Name	Location	Dates Attended From:	Dates Attended To:	Major	Degree Earned
High School:					

**EMPLOYMENT HISTORY**

14. List your employment history beginning with your current place of employment.

From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					

**Membership in Professional Societies and Associations**

15. Please list any **active** memberships and associations:

*Name of Organization*

*Date of Membership*

_____	_____
_____	_____
_____	_____

**Licenses and Professional Certifications**

16. Please list all current and previous licenses (including Nursing Home Administrators licenses) and professional certifications held. Please provide proof that this license/certification is in good standing by providing verification.

Type of License	Licensure State	License Number	Date Licensed From:	Date Licensed To:

**Background and Character**

17. Have you ever been arrested, convicted, or have a trial pending, for committing a crime, felony or misdemeanor?

- No
- Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Are you in good health and physically able to perform the duties of a nursing home administrator?

- Yes
- No, explain: \_\_\_\_\_  
\_\_\_\_\_

19. Have you ever received treatment for excessive use of alcohol, drugs or narcotics?

- No
- Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

20. Have you applied for a Nursing Home Administrator's license in another state?

- No
- Yes, list states: \_\_\_\_\_

21. Have you ever failed examination or been refused a license by an examiner of any state?

- No
- Yes, list states: \_\_\_\_\_

22. Have you ever had a Certificate or Professional license refused, revoked, suspended, voluntarily surrendered, or encumbered in any way (including discipline action)?

- No
- Yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

23. Do you have any pending disciplinary action on any Certificate or Professional license?

- No
- Yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References**

24. Please provide three (3) references, not related by blood or marriage, who can testify to your character and professional competence.

<b>Name</b>		<b>Address</b>	
<b>Title</b>		<b>City/State</b>	
<b>Business</b>		<b>ZIP</b>	

<b>Name</b>		<b>Address</b>	
<b>Title</b>		<b>City/State</b>	
<b>Business</b>		<b>ZIP</b>	

<b>Name</b>		<b>Address</b>	
<b>Title</b>		<b>City/State</b>	
<b>Business</b>		<b>ZIP</b>	

**AFFIDAVIT OF APPLICATION**

I hereby certify that all information contained herein is complete and correct, that I am familiar with the Mississippi Statute pertaining to nursing homes and/or health care facilities and their administration.

If granted a license to practice as a Nursing Home Administrator in the State of Mississippi, I will obey the laws of the State, the Rules and Regulations of the Mississippi State Board of Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in the Application that my Application may be rejected or my license may be revoked by the Board.

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

Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

NOTARY SEAL



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## Certificate of Employment

I certify that \_\_\_\_\_ is/will be employed by  
*Name of Applicant*

\_\_\_\_\_ as of \_\_\_\_\_  
*Name of Facility* *Effective date of employment*

and will become a full-time, practicing, Administrator 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

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## 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

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## Transcript Request Form

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Applicant Name (Please print or type)

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Institution Attended (Please print or type)

Campus Attended:

Years Attended:

Name Under Which Attended:

Date of Birth:

Social Security Number:

Current Address:

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Please mail academic transcripts for the individual named above to:

**MS State Board of Nursing Home Administrators  
1755 Lelia Drive, Suite 305  
Jackson, MS 39216**

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Applicant Signature

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Date

**Applicant: Please note that it is the applicant's responsibility to request a transcript to be sent directly to the Board office.**

# Mississippi State Board of Nursing Home Administrators

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## Request for Temporary Permit

Date: \_\_\_\_\_

We respectfully request that \_\_\_\_\_ be granted a temporary  
*(Applicant's Name)*

Nursing Home Administrator License. We have immediate need for a Mississippi licensed  
Nursing Home Administrator of record at \_\_\_\_\_.  
*(Facility Name)*

Submitted by:

Facility Owner/Representative

Applicant

Print: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Facility Business Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_

**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*