



**The following information must be provided to allow full consideration by the board whether a temporary emergency license may be issued**

1. Where emergency exists:

NAME OF FACILITY	CITY
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2. The above facility  has  has not been licensed within 90 days of this temporary emergency license request, either by initial license or by change of operator .

3. NAME OF ADMINISTRATOR WHO IS OR WILL BE VACATING THE POSITION	4. DATE THE POSITION WAS OR WILL BE VACATED
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5. Reason the emergency exists (why the position was vacated before a replacement was secured: resigned, was asked to resign, death)

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6. A complete copy of the most recent statement of deficiencies report (DA-107 and DA-1 10 or HCFA 2567) from the facility licensure authority, the Missouri Department of Health and Senior Services,  is  is not attached. If not, why not:

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7. The current census for which the temporary licensed administrator will be responsible is \_\_\_\_\_

8. PERSON FOR WHOM TEMP. EMERGENCY LICENSE REQUESTED	ADDRESS
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9. I have ascertained that this person is 21 years of age or older , a high school graduate or equivalent and of good moral character  YES  NO

10.  It is  it is not planned that this person may continue as administrator after exam and licensure.

11. The temporary emergency license is requested for \_\_\_\_\_ days (may be requested for up to 90 days).

12. A complete application for licensure is attached along with the application review fee of one hundred dollars (\$150.00). (Please forward the signed application and fee and required documents which are available, expediting the balance of required documents to complete the application.)

We, the undersigned, confirm with our NOTARIZED signatures that the information herein is complete and accurate to the best of our knowledge. It is understood that the Missouri Board of Nursing Home Administrators may NOT issue this temporary emergency license and that, if issued, it may be effective for fewer than the maximum 90 days.

FACILITY AUTHORITY SIGNATURE	TITLE	TELEPHONE	DATE
MUST BE SIGNED IN PRESENCE IN NOTARY	APPLICANT SIGNATURE		DATE
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			