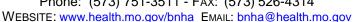


Board of Nursing Home Administrators

920 Wildwood Dr., P.O. Box 570, Jefferson City, MO 65102-0570 Phone: (573) 751-3511 - FAX: (573) 526-4314





VERIFICATION OF ADMINISTRATOR LICENSE FOR RECIPROCITY/ENDORSEMENT

Instructions to Licensing Entity: The individual named below is applying for licensure as a long term care administrator in Missouri. Please provide the information requested below, and return the form directly to the Board of Nursing Home Administrators at the address above or via email at bnha@health.mo.gov. In lieu of this form, the Board will accept a standard letter of verification that provides the same information.

Section to be completed by the Licensee: Name: Address, City, State and Zip Code: License #: Social Security #: Date of Birth: Section to be completed by the Licensing Entity: Licensee's name as shown in your records: Please explain any discrepancy in name &/or address: _______ License Type: □ Nursing Home Administrator (NHA) □ Residential Care/Assisted Living Administrator (RCAL) License # Date Issued: **Expiration Date:** □ Active Status of License: Inactive Expired Other: Was the license issued by reciprocity/endorsement? YES NO If yes, from what state(s):_____ Did the applicant complete examination(s) for licensure? ☐ YES ☐ NO Other: _____ NAB or PES Exam(s): П Date(s): Other: □ NO If yes, length of the AIT: Was an AIT successfully completed? YES Has there been any final disciplinary action taken again this licensee? ☐ YES* ☐ NO If yes, please provide a copy of the disciplinary action document.* Is there any complaint, investigation or disciplinary action pending? YES NO Additional comments: _____ Signature _____ (BOARD SEAL) Printed Name: