Mississippi State Board of Nursing Home Administrators
1755 Lelia Drive, Ste. 305, Jackson, MS 39216 (601) 362-6914 www.msnha.ms.gov

Application Information Sheet
Administrator-in-Training Program (AIT)

It is reasonable for you to expect a time frame of nine to twelve (9 - 12) months to complete the licensure process, from the time your application is filed to the time your license is granted. A copy of the MS State Rules and Regulations for licensure of Nursing Home Administrators is 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 successfully completed at least 64 college credit hours*
- Applicants must be 21 years old
- 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 qualified Preceptor and Place of Employment

Steps to Completion of Application:

1) **Obtain a Preceptor**. Use the Qualified Preceptor List found on the website – www.msnha.ms.gov. A Preceptor will supervise your training for the AIT program and must meet with you at least 8 hours a week. You will sign a formal agreement with the Preceptor. Your application **will not** be accepted without a Preceptor.

2) **Obtain Employment at a Nursing Home Facility**. The AIT program requires you to be employed at an approved facility Monday – Friday for at least 40 hours per week as an AIT.

3) **Request your College Transcript(s)**. Your transcript(s) must be sent directly from the institution to the MS State Board of Nursing Home Administrators' (MSBNHA) office at 1755 Lelia Dr., Suite 305, Jackson, MS 39216. Transcripts from all institutions beyond high school are required, including community college, business school, nursing 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 Mississippi-licensed nursing home for a minimum of two (2) consecutive years immediately before making application for the A.I.T. Program.

4) **Request a Background Check**. This should be completed by the facility where you will be employed as an AIT. 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.

5) **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.

6) **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.

7) **Complete the Application**. 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.

8) **Pay Application Fee**. The cost for submitting your application is $175 payable to MS Board of Nursing Home Administrators.

Application Approval Timeline:

- Complete applications are submitted for pre-approval monthly so that AITs can begin the program on the first day of the month. The Application is considered complete when the **originals** of all required documents are received in the Board office
- Applications that are not pre-approved will be submitted to the Board for approval at the next scheduled quarterly board meeting. Applicants may be interviewed by the Board.
- When approved, you will receive an approval letter from the MSBNHA.
- When approved, your Preceptor will receive a letter which outlines due dates for monthly reports and evaluations. You will receive a photocopy of this letter so that you are informed of due dates as well.

Licensing Requirements:

1) Successful completion of the AIT Program.
2) Completion of the Board approved Administrator-in-Training Educational Course sponsored by the MS Health Care Association and covering all categories in the Domains of Practice for Nursing Home Administrators.
3) Successfully pass the State Examination administered by MSBNHA.
4) Successfully pass the NAB Examination administered by National Association of Long Term Care Administrator Boards.
5) Complete the two-day training course required by the State Department of Health, Office of Licensure and Certification.

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Application Checklist
Administrator-in-Training Program (AIT)

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. Also include this checklist with a check beside each enclosure:

- ☐ 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 are required. 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 of successful completion of 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)
- ☐ *If only an Associate's Degree*, a signed statement from your nursing home administrator describing the duties you have performed, the number of employees you have supervised, and any other information concerning your work experience for at least the last twenty-four (24) months that may be helpful to the Board when determining eligibility to enter the A.I.T. Program.
- ☐ Documents providing the details for your participation in a formal Administrator-in-Training Program under a certified preceptor for six (6) consecutive months (The Certificate of Employment form and the A.I.T./Preceptor Agreement form)
- ☐ Proof that a state and federal criminal record check was performed within the last six (6) months to be sent directly to the Board's administrative office from a) the employing institution, or b) the Mississippi Criminal Information Center. (This document must be notarized.)
- ☐ Application Fee of $175.00

Mississippi State Board of Nursing Home Administrators

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Date Submitted: _____

APPLICATION FEE = $175.00

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

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.

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: _____

AIT INFORMATION

9. Facility Name: _____

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

11. Facility Phone: _____ 12. Business Email:_____

13. Preceptor Name:_____ 14. Preceptor License Number:_____

EDUCATION

15. 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.*

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

EMPLOYMENT HISTORY

16. List your employment history beginning with your current 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

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

Name of Organization *Date of Membership*

_____ _____

_____ _____

_____ _____

Licenses and Professional Certifications

18. Please list all current and previous license and professional certifications held.

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

Background and Character

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

- ☐ No
- ☐ Yes, explain: _____

_____

_____

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

- ☐ Yes
- ☐ No, explain: _____

_____

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

- ☐ No
- ☐ Yes, explain: _____

_____

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

- ☐ No
- ☐ Yes, list states: _____

23. 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: _____

_____

_____

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

- ☐ No
- ☐ Yes, explain: _____

_____

_____

References

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

Name		**Address**	
Title		**City/State**	
Business		**ZIP**	

Name		**Address**	
Title		**City/State**	
Business		**ZIP**	

Name		**Address**	
Title		**City/State**	
Business		**ZIP**	

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_____.

_____ My commission expires _____

Notary Public

NOTARY SEAL

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Certificate of Employment

I certify that _____ is employed by
Name of AIT

_____ as of_____
Name of Facility *Effective date of employment*

and will become a full-time, practicing, Administrator-in-Training 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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Administrator-in-Training/Preceptor Agreement

I, _____ have entered into an agreement with
(Administrator-in-Training)

_____ to serve as my preceptor for a period of six months,
(Preceptor)

beginning _____.
(month - day - year)

I will be an Administrator-in-Training at _____,
(primary facility)

Located at _____.
(address and city)

My Preceptor is at _____,
(facility)

Located at _____.
(address and city)

By affixing our signatures below, both my Preceptor and I agree to follow standards and guidelines set forth by the Board and to submit such periodic and special reports as the Board may require during the period of training.

Signature _____ _____
(Administrator-in-Training) (Date signed)

Signature _____ _____
(Preceptor) (Date signed)

NOTE: Part 2703, Chapter 1, Rule 1.2.C.(1) states:

"A candidate shall be deemed to have abandoned the application if he/she does not begin the A.I.T. Program within ninety (90) days from date of Board approval to enter the Program".

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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

_____
Applicant Name (Please print or type)

_____
Institution Attended (Please print or type)

Campus Attended: _____
Years Attended: _____
Name Under Which Attended: _____
Date of Birth: _____
Social Security Number: _____
Current Address: _____
_____
_____

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

_____ _____
Applicant Signature Date

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