Renewal Application Instructions

The renewal application has changed! The application is now available to be completed online at www.msnha.ms.gov. Please note: You will be required to renew **online** in 2017.

Things to know before you proceed with Online Renewal:

1. You must login to your Profile on our website using the personal email we have on file to complete your application. This email was provided on the cover letter of the renewal notice dated April 15, 2015. If you **DO NOT** have an email address, please call our office.

2. Login instructions are available online at www.msnha.ms.gov.

3. Your application will not be considered complete until both the application and payment have been submitted.

4. There is now an option to pay online on an individual basis or by a third party **once your application is completed**.

5. **ALL PAYMENTS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

Please refer to the Sections on the Renewal Application 2015 printed on reverse and online:

Personal Information Section:

1. All information requested in this section is required, including email and cell phone number. Our primary communication will be through personal email and the facility mailing address. Please make sure that these fields are completed. (If you do not have an email or cell phone, put N/A)

2. If you want your home address to be available upon request by fellow administrators, third-parties, or CE sponsors, please check the applicable box.

3. Instructions for uploading a current photo to your profile are provided on the online application.

Mississippi Nursing Home Facility Section:

1. Please complete if you are currently employed in a Mississippi licensed nursing home.

2. Check the appropriate **title** box so that we can track your employment history for preceptor program eligibility.

3. Please indicate the date you were recognized at your current title *at this facility*.

Other Employment Section:

1. If you are not currently employed in a Mississippi licensed nursing home we need this section completed so that we can contact you if necessary about your license.

2. If you are not currently employed in a Mississippi licensed nursing home, we will mail to your home address. **If this is not your preference**, please check the appropriate box in this section.

Renewal Questions:

1. Complete both questions providing additional information if necessary.

2. Sign and date the form before submitting.

Renewal Application 2015

License # _____

Personal Information

Mr. / Ms. / Dr. _____ _____ _____ _____
(Circle preferred) (Last Name) (First Name) (Middle Name) (Maiden Name)

_____ _____-_____-_____ _____/_____/_____ _____
(Preferred Name) (Social Security #) (Date of Birth) (Driver License's Number)

_____ _____ _____ _____
(Home Address) (City) (State) (ZIP)

_____ _____ _____
(Home Phone) (Cell Phone) (Home Email Address)

☐ *I hereby authorize the Board to release or disclose my home or residence address to any person or party who requests this information during the renewal period of 7/1/2015 – 6/30/2017.*

☐ *I have achieved a higher education degree since last renewal. Type:* _____

Mississippi Nursing Home Facility – *complete if currently employed at a Mississippi Nursing Home Facility*

Facility Name: _____ Facility Phone: _____

Address 1: _____ Facility FAX: _____

Address 2: _____ Business Email: _____

City/ ZIP: _____ _____ County: _____

Title: ☐ Administrator ☐ Asst. Administrator ☐ Other, (specify) _____

What date were you hired or promoted to this position at this facility? _____

Other Employment – *complete if NOT currently employed at a Mississippi Nursing Home Facility*

Type: ☐ Regional Administrator ☐ Not-Employed ☐ Out-of-State Facility ☐ Other: _____

Business Name: _____ Business Phone: _____

Address: _____ Business FAX: _____

City/State/ ZIP: _____ _____ _____ Business Email: _____

Preferred mailing address: ☐ Home ☐ Business

Renewal Questions – *complete and sign*

1. During the last two years have you been charged either by the United States Government or a State or Local Government for committing any felony or misdemeanor (other than a traffic offense)?

   ☐ Yes ☐ No If yes, attach full explanation.

2. To the best of your knowledge, during the last two years, has there been or is there any disciplinary action taken or pending against you by any licensing board or professional society?

   ☐ Yes ☐ No If yes, attach full explanation.

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I authorize employers for the past five years to release records to the Board that may be necessary to verify my qualifications for practice as a Nursing Home Administrator.

_____ _____
(Date) (Signature of Applicant)