



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BOARD OF NURSING HOME ADMINISTRATORS
TEMPORARY EMERGENCY LICENSE APPLICATION

P.O. Box 570
 Jefferson City, MO 65102
 Website: www.health.mo.gov/bnha
 Email: BNHA@health.mo.gov

The following information must be provided to allow full consideration by the board whether a temporary emergency license (TEL) may be issued. A complete application for licensure must be attached or have already been submitted along with the application fee. Visit the website for the current TEL checklist.

1. Where (facility/ies) emergency exists:

NAME OF FACILITY/FACILITIES		CIRCLE ALL THAT APPLY					
		SNF	ICF	RCFI	RCFII	ALFI	ALFII
ADDRESS		FACILITY PHONE NUMBER					
CITY		FACILITY CENSUS					

2. NAME OF ADMINISTRATOR WHO WAS OR WILL BE VACATING THE POSITION	LICENSE NUMBER	DATE THE POSITION WAS OR WILL BE VACATED

3. Reason for Emergency:

<input type="checkbox"/> Death of the previous administrator	DATE OF DEATH:
<input type="checkbox"/> Medical emergency*	EXPLAIN:
<input type="checkbox"/> Resignation of the licensed administrator*	DATE OF RESIGNATION:
<input type="checkbox"/> Other*	PLEASE EXPLAIN:

*Administrator will need to update BNHA with employment, email to BNHA@health.mo.gov.

4. PERSON FOR WHOM TEL REQUESTED

A complete application for licensure must be attached or have already been submitted along with the application fee.

We, the undersigned, confirm with our 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 120 days.

FACILITY AUTHORITY SIGNATURE		TITLE	
PHONE	EMAIL	DATE	
APPLICANT SIGNATURE			
PHONE	EMAIL	DATE	