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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BOARD OF NURSING HOME ADMINISTRATORS

TEMPORARY EMERGENCY LICENSE APPLICATION

NHA

P.O. Box 570
Jefferson City, MO 65102
Website: www.health.mo.gov/information/boards/bnha

The following information must be provided to allow full consideration by the Board whether a temporary emergency license may be issued. A complete application for licensure must be attached or have already been submitted along with the application fee.

1. Where emergency exists:

NAME OF FACILITY	CITY

2. The above facility was issued a ☐ regular license ☐ temporary operating permit, or ☐ other _____ license effective _____ and expiring _____. If effective date is within 90 days of the date the position was or will be vacated, additional information is required pursuant to 19 CSR 73-2.080(3).

3.

NAME OF ADMINISTRATOR WHO IS OR WILL BE VACATING THE POSITION	DATE THE POSITION WAS OR WILL BE VACATED

4. Reason the emergency exists (why the position was vacated before a replacement was secured: resigned, was asked to resign, death)

5. Indicate the event identifier and date of the most recent statement of deficiencies report (DA-107 and DA-110 or CMS 2567) from the facility licensure authority, the Missouri Department of Health and Senior Services.

6. The current census for which the temporary licensed administrator will be responsible is _____

7.

PERSON FOR WHOM TEMP. EMERGENCY LICENSE REQUESTED	ADDRESS

8. 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

9. Will this person continue as administrator after exam and licensure? ☐ YES ☐ NO ☐ UNKNOWN AT THIS TIME

10. The temporary emergency license is requested for _____ days (may be requested for up to 90 days).

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 90 days.

FACILITY AUTHORITY SIGNATURE	PRINT NAME	TITLE	TELEPHONE	DATE
APPLICANT SIGNATURE			TELEPHONE	DATE