

Licensure by Reciprocity Application Checklist

- One Hundred fifty dollars (\$150.00) check or money order**
 - Made payable to: Department of Health and Senior Services/Board of Nursing Home Administrators.
This is a non-refundable application review fee.

- Completed Application**
 - Ensure all fields are thoroughly completed and all appropriate boxes are selected. If the application does not provide enough room to provide all appropriate information please feel free to attach additional pages. You are welcome to submit a resume and/or documents outlining the positions to clarify your experience. If your last name has changed please complete the Additional Application Information form and send in with application. This form can be found on our website. If name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change – a certified copy of your marriage license, divorce decree, affidavit, or court order in addition to completing the Previous Legal Name section on the form below.

- Recent, clear, color photo of applicant.**
 - Please note this cannot be a copy of a driver's license. It is strongly encouraged to send a photo that will fit in the space provided on the application.

- Copy of your birth certificate or passport.**

- A copy of high school diploma or high school transcript or equivalency certificate (GED).**
 - This is required regardless of college degree earned.

- Two (2) original letters of reference from non-relatives.**
 - Letters must include a handwritten signature and contact information for the person signing the letter. Letters must also include the date written, please note letters must be dated within the last six (6) months.

- Official college transcripts.**
 - Transcripts may be sent with the application as long as they are official transcripts, not copies of an official transcript. Transcripts may only be faxed or emailed when sent directly from the accredited education institution.

- License Verification Form completed and returned from Licensing Office**
 - A license verification from each state applicant is licensed in must be received in our office before application will be considered complete. This form can be found on our website. Please be sure to clearly list all states and attach extra pages if necessary or use the space provided on the Additional Application Information form below.

- Mail application fee, application, and required documents.**
 - Department of Health and Senior Services/BNHA
ATTN: FEE RECEIPTS
PO Box 570
Jefferson City, MO 65102-0570

- Criminal record check.**
 - Please register with the Family Care Safety Registry as soon as possible by visiting their website <http://www.health.mo.gov/safety/fcsr> and follow their instructions. This fulfills the Long Term Care requirement for employment. If registered, please verify you are registered under your current legal name.

Additional Application Information

Previous Legal Names: (Last Name, First Name, Middle Name)

Additional Reciprocity States:

State	Date of Licensure	License Number	Status (Current, Expired, Ect.)

Please feel free to make copies as needed to ensure all appropriate information is provided.

*Please note that it is **strongly encouraged** to mail your application and required documents **at least 6 weeks** prior to a scheduled Board Meeting date to ensure it will have time to complete the review process. It **cannot** be guaranteed that your application will be reviewed at an upcoming Board Meeting if received after this time frame and all documents listed above must be received in our office before your application can enter the review phase. Incomplete applications are considered expired after six months of the date received in our office and will be purged*