



Department of Health and Senior Services

Board of Nursing Home Administrators

Phone: (573) 751-3511

Email: BNHA@health.mo.gov

Web: <http://www.health.mo.gov/bnha>

Application to Request or Renew Inactive Status of Missouri Administrator License

Step 1 of 4 – Official Board Information Please make any necessary changes and/or supply information not listed.

First Name: _____ Last Name: _____ License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell/Other: (____) _____ Email: _____

Employer Name: _____ Current Position/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Step 2 of 4 – Request to Place License or Continue on Inactive Status

I hereby request that my administrator's license be placed or continued on inactive status effective July 1st of the current renewal year. I understand that I must sign and return this application to the Board of Nursing Home Administrators along with the following before my request can be approved: 1) evidence satisfactory to the Board of completion of ten clock hours of continuing education in the area of patient care and 2) fee of \$50.

NOTE: If approved, the inactive license will expire on June 30th of the second year. In order to remain inactive, you must file this application, pay a renewal fee of \$50, and provide evidence of completion of 10 clock hours of continuing education in patient care on or before June 30th every two (2) years. A license may be carried in inactive status for up to six years from the date of issuance. You can reactivate an inactive license by completing the appropriate license renewal application, accompanied by evidence satisfactory to the Board of the completion of forty clock hours of continuing education and a fee of \$100.

No person shall practice as an administrator or hold himself or herself out as an administrator in this state while his or her license is inactive.

Step 3 of 4 – Signature

I hereby affirm under the penalty of perjury, that all information contained in this application is true and correct to the best of my knowledge and belief and that all supporting documents will be maintained in my file for four years. I understand that falsification of information may constitute grounds for discipline of my license pursuant to Section 344.050, RSMo.

SIGNATURE

DATE

Step 4 of 4 - Certification of Continuing Education – see page 2

Step 4 of 4 – Certification of Continuing Education (Do not attach evidence of clock hours completed.)

Program Title	Type of Program (in-seat, online, etc.)	Approval Number	Sponsor	Date(s)	# of Patient Care (PC) Hours