

Licensure by Reciprocity Criteria and Checklist

Pursuant to section 324.009, RSMo and 19 CSR 73-2.025

* The Board office's main form of communication is email. Please include the Board office email address, BNHA@health.mo.gov, to your email address book to ensure you are able to receive emails from this office and to help prevent the emails from going into spam.

- 18 years of age or older
- Health Services Executive (HSE) qualified by the National Association of Long Term Care Administrator Boards (NAB), or obtained a passing scaled score of 113 on the NAB exam and holds in good standing for at least one (1) year a current administrator license issued by another state, a branch of the military, or the District of Columbia.
- In the event of a record of discipline and/or criminal conviction, the board shall consider the provisions of sections 324.009, 324.012, and 344.050, RSMo, whether to grant reciprocity.

Applicants for licensure by reciprocity shall not act or serve in the capacity of an administrator in this state without first procuring a license from this board as provided in sections 344.010 – 344.108, RSMo.

- Complete and sign application for licensure.**
 - Ensure all fields are 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 may submit a resume and/or documents detailing your experience.
- Are you a military spouse of an active duty service member? If so, please provide:**
 - Documentation copy of spouse's military status and copy of marriage license.
- Verification of other state administrator licenses where the applicant was and/or is licensed.**
 - List the reciprocity states or NAB for the HSE on the next page.
 - Provide the "License Verification" form to each appropriate state administrator licensing board or NAB for the HSE where you were and/or currently licensed OR obtain license verifications from each jurisdiction. Completed license verifications can be sent with the application or sent directly to this office via email at bnha@health.mo.gov or via postal mail at BNHA | PO Box 570 | Jefferson City, MO 65102.
 - Some jurisdictions do not provide the NAB exam scaled score when completing verification. Therefore, the applicant will need to request a score transfer to be reported to this office. Visit <https://www.nabweb.org> for score transfer information.
- Copy of your birth certificate or current passport.**
- Copy of high school diploma or GED, if you do not have an associate degree or beyond.**

Official college transcripts*.

- Transcripts may be sent with the application as long as they are official transcripts, not a copy or scanned. Transcripts may only be faxed or emailed when sent directly from the accredited education institution to this office. Mailed transcripts sent separately from the application need to be mailed directly to this office at BNHA | PO Box 570 | Jefferson City, MO 65102.

**Education completed in a foreign country will be required to be evaluated by an education credentialing organization and sent to this office. A credential evaluation is a comparison of your academic accomplishments to standards in the U.S. It is suggested to use one of the following – ECE at <https://www.ece.org/> or WES at <https://www.wes.org/>.*

Criminal background screening.

- If you have or have had a criminal conviction, please provide a written explanation of the conviction and a copy of the court’s final disposition.
- Please note that any person hired on or after January 1, 2001 and is an elder-care worker is required to make an application with the Family Care Safety Registry (FCSR) within 15 days of the beginning of employment. Since there is possibility of your employment existing in a Missouri licensed health care facility, please register with FCSR by visiting their website <http://www.health.mo.gov/safety/fcsr>.

Reciprocity States for Administrator License(s) or NAB for HSE:

Jurisdiction	Date of Licensure	License Number	Status (Current, Expired, Etc.)

One Hundred fifty dollars (\$150.00) non-refundable fee made payable via one of the below options.

1. Made payable online via electronic check or credit card at <https://health.mo.gov/about/online-payment.php>. Once electronic payment has been made and you received confirmation from the payment system, email completed and signed application and required documents (except for official transcripts) to BNHA@health.mo.gov or via fax to (573) 526-4314.
2. Made payable in a check or money order to Board of Nursing Home Administrators. Check or money order along with completed and signed Application and required documents are to be mailed to Board of Nursing Home Administrators, ATTN: FEE RECEIPTS, PO Box 570, Jefferson City, MO 65102-0570.

Questions? Please email the Board office at BNHA@health.mo.gov.