



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BOARD OF NURSING HOME ADMINISTRATORS  
**APPLICATION FOR ADMINISTRATOR LICENSE RENEWAL**

**RCAL**

ATTN: FEE RECEIPTS  
 P.O. BOX 570, JEFFERSON CITY, MO 65102  
 PHONE: (573) 751-3511  
 Web: <http://www.health.mo.gov/information/boards/bnha>

To renew your Administrator's license: **Complete all fields in this form**, include a check or money order made payable to "Department of Health and Senior Services" and mail to the DHSS/BNHA Fee Receipts Office by May 30th of the current renewal year.

**The \$25 late fee will not apply unless your renewal application is postmarked after June 30th of the current renewal year.**

**STEP 1 OF 4 - OFFICIAL BOARD INFORMATION** (PLEASE MAKE ANY NECESSARY CHANGES AND/OR SUPPLY INFORMATION NOT LISTED)

NAME		LICENSE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
HOME TELEPHONE	CELL/OTHER	EMAIL	
FACILITY NAME		CURRENT POSITION/TITLE	
ADDRESS	CITY	STATE	ZIP CODE
DATE EMPLOYMENT BEGAN IN CURRENT POSITION, IF ADMINISTRATOR			

**STEP 2 OF 4 - BACKGROUND QUESTIONS**

1.HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF AN OFFENSE INVOLVING THE OPERATION OF A LONG-TERM CARE OR OTHER HEALTH CARE FACILITY?  
 YES     NO

2.HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF A CRIME, AN ESSENTIAL ELEMENT OF WHICH DISHONESTY, FRAUD OR MORAL TURPITUDE?  
 YES     NO

3.HAVE ANY OF YOUR OTHER PROFESSIONAL LICENSES EVER BEEN DISCIPLINED?  
 YES     NO

**\*If you marked yes to any of these questions**, please attach an explanation with any arrest, conviction and court documentation. If any of your professional license(s) have been disciplined, and this information was not provided to the Board at any time prior to this renewal, please explain and attach a copy of any settlement agreement, contract, etc. that you entered into at the time of discipline.

**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
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**STEP 4 OF 4 - CERTIFICATION OF CONTINUING EDUCATION FOR RENEWAL - PAGE 2**

**STEP 4 OF 4 - CERTIFICATION OF CONTINUING EDUCATION FOR RENEWAL (DO NO ATTACH EVIDENCE OF CLOCK HOURS COMPLETED FOR RENEWAL)**

**SEMINARS** - Must include a **minimum** of 40 clock hours including 10 hours of patient care (PC). *If additional space is needed, feel free to copy this page.*

OFFERING TITLE	MO BNHA, OTHER NHA OR NAB APPROVAL NUMBER	SPONSOR	DATE(S)	NUMBER OF ADMINISTRATIVE HOURS	NUMBER OF PATIENT CARE HOURS

**ON-LINE PROGRAM(S)** - Please list, up to a maximum of 20 clock hours, any MO BNHA-approved on-line program(s) you completed for license renewal.

OFFERING TITLE	MO BNHA APPROVAL NUMBER	SPONSOR	DATE(S)	NUMBER OF ADMINISTRATIVE HOURS	NUMBER OF PATIENT CARE HOURS

**OTHER METHODS OF EARNING CLOCK HOURS** - A maximum of 5 clock hours toward the 20 may be awarded for the following: publishing health-care related articles of at least 1500 words; serving as Missouri preceptor for a nursing home administrator-in-training (1 clock hour for each full month serving as a preceptor), and; lecturing at a board-approved seminar (1 clock hour for each hour of presentation time up to a maximum of 3 hours, which can be in addition to actual hours of attendance at the seminar).

NAME OF ARTICLE PUBLISHED AND JOURNAL, NAME OF AIT OR, PRESENTATION TITLE	DATE ARTICLE PUBLISHED, DATE OF INTERNSHIP OR DATE OF PROGRAM	SPONSOR	BNHA APPROVAL NUMBER (IF APPLICABLE)	NUMBER OF CLOCK HOURS REQUESTED

**\*TOTAL HOURS**

\*A minimum of 40 clock hours including 10 pc hours. **Any hours in excess of the 40 required will not carry over.**