



Department of Health and Senior Services  
Board of Nursing Home Administrators

Phone: (573) 751-3511

Email: [BNHA@health.mo.gov](mailto:BNHA@health.mo.gov)

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

**Application to Retire Missouri Administrator License**

**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: \_\_\_\_\_

**Request to Place License in Retired Licensure Status**

I am retired from the practice of long term care administration and hereby further state that I have maintained an active administrator license for at least ten (10) years or more between the dates of \_\_\_\_\_ and \_\_\_\_\_.

I understand that I cannot act or serve in the capacity of a licensed administrator or hold myself out as a licensed administrator once the license is placed in retired status. In addition, I further understand that a retired license shall remain subject to disciplinary action for violations of Chapter 344, RSMo, and the rules promulgated thereunder.

I understand that I must sign and return this application to the Board of Nursing Home Administrators along with the fee of \$50.00 on or before June 30 of the expiring licensure year.

**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