



Board of Nursing Home Administrators
 920 Wildwood Dr., P.O. Box 570, Jefferson City, MO 65102-0570
 Phone: (573) 751-3511 - FAX: (573) 526-4314
 WEBSITE: www.health.mo.gov/bnha EMAIL: bnha@health.mo.gov



**VERIFICATION OF ADMINISTRATOR LICENSE
 FOR RECIPROCITY/ENDORSEMENT**

Instructions to Licensing Entity: The individual named below is applying for licensure as a long term care administrator in Missouri. Please provide the information requested below, and **return the form directly to the Board of Nursing Home Administrators at the address above or via email at bnha@health.mo.gov**. In lieu of this form, the Board will accept a standard letter of verification that provides the same information.

Section to be completed by the Licensee:

Name: _____

Address, City, State and Zip Code: _____

License #: _____

Social Security #: _____

Date of Birth: _____

Section to be completed by the Licensing Entity:

Licensee's name as shown in your records: _____

Please explain any discrepancy in name &/or address: _____

License Type: Nursing Home Administrator (NHA) Residential Care/Assisted Living Administrator (RCAL)

License # Date Issued: Expiration Date:

Status of License: Active Inactive Expired Other:

Was the license issued by reciprocity/endorsement? YES NO If yes, from what state(s): _____

Did the applicant complete examination(s) for licensure? YES NO

Exam(s): NAB or PES Other: _____ Date(s): _____

Score: Scale: _____ Other: _____

Was an AIT successfully completed? YES NO If yes, length of the AIT: _____

Has there been any final disciplinary action taken against this licensee? YES* NO
 If yes, please provide a copy of the disciplinary action document.*

Is there any complaint, investigation or disciplinary action pending? YES NO

Additional comments: _____

Agency Name: _____

State: _____

Signature _____

Printed Name: _____

Title: _____

Date: _____

(BOARD SEAL)