MISSOURI BOARD OF NURSING HOME ADMINISTRATORS

920 Wildwood Drive, P.O. Box 570, Jefferson City, MO 65102-0570

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ADMINISTRATOR LICENSE VERIFICATION

FOR RECIPROCITY / ENDORSEMENT

The individual identified below has requested verification of administrator licensure for reciprocity or endorsement.
This form may be completed by Missouri or another state licensing board or agency. Attach supporting documentation when applicable.

1. LICENSEE INFORMATION

Name (as it appears on license) _____

Date of Birth _____ License Number _____

License Type ☐ NHA ☐ RCAL

2. LICENSING BOARD / AGENCY COMPLETING VERIFICATION

Board/Agency Name _____

State/Jurisdiction _____ **Telephone** _____

Email _____

3. LICENSE INFORMATION

Original Issue Date _____ **Expiration Date** _____

License Status ☐ **Active** ☐ **Inactive** ☐ **Expired** ☐ **Other** _____

Issued by Reciprocity/Endorsement? ☐ **Yes** ☐ **No** **If yes, from** _____

Required Examination(s) Successfully Completed? ☐ **Yes** ☐ **No** **Exam(s)** _____

Administrator-in-Training (AIT) Successfully Completed? ☐ **Yes** ☐ **No** ☐ **N/A**

4. DISCIPLINARY HISTORY

Has final disciplinary action been taken against this license? ☐ **Yes** ☐ **No**

Is there a pending complaint, investigation, or disciplinary action? ☐ **Yes** ☐ **No**

If Yes is selected above, attach supporting documentation or provide additional information upon request.

5. CERTIFICATION

I certify that the information provided on this form is true and accurate according to the records maintained by this licensing board or agency.

Authorized Signature _____

Printed Name _____ Title _____

Board/Agency Address _____

Phone Number _____ Date _____