

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216

(601) 362-6914

www.msnha.ms.gov

Universal Recognition of an Occupational License (UROLA) Application Information Sheet

Applicants for licensure licensed in another state have two options of applying for a license in Mississippi. The first option is coming through Endorsement and/or obtaining a Temporary Permit which you can find that Endorsement and Temporary Permit Application on our website. The second option, which is this Application, is coming through the Universal Recognition of an Occupational License Act (UROLA).

Coming through UROLA, you must complete an application, submit proof of residency, submit the attached Affidavit, have an Endorsement Questionnaire sent from each state you have been licensed from, have a criminal background check completed as stipulated in the Board's Rules and Regulations, and pay the Application fee.

The Board meets on a quarterly basis and will review your application. If approved, you must sit and pass the State Exam to obtain a permanent license.

If this process takes longer than fourteen (14) days, you may obtain a Temporary Practice Permit by filling out the Application, submit proof of residency, submit the attached Affidavit, and pay the Application fee.

Eligibility:

- Applicants must be at least 18 years of age
- Applicants must pass a state and federal fingerprint-based background check
- Applicants must provide proof of residency in the state of Mississippi
- Applicants must have held a license in another state for at least one (1) year or have worked in another state for a period of three (3) years or more and provide proof as stipulated in the attached Affidavit
- Applicants must complete all qualifications listed on the attached Affidavit

Disqualifications:

- Applicants must have not committed any act in the other state that would have constituted grounds for refusal, suspension, or revocation of a license to practice nursing home administration
- Applicants must not have a disqualifying criminal record as determined by the Board under Mississippi law
- Applicant must not have a complaint, allegation, or investigation pending before any licensing Board in Mississippi or any other state that relates to unprofessional conduct or an alleged crime

Steps to Licensure:

- 1) **Submit application and fee.** A complete application packet is available at – www.msnha.ms.gov. The application can be submitted electronically or by mail. The accompanying documents requiring original signatures must be submitted by mail. Please make copies of all documents before mailing

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and use a tracking method for mailing. The application fee is \$2325.00 payable to MS State Board of Nursing Home Administrators

- 2) **Mail Endorsement/Reciprocity Questionnaire** to each state in which you applied for a NHA license and each state in which you were granted a NHA license.
- 3) **State and Federal fingerprint-based background check.** Have the Mississippi State Board of Health / Licensure and Certification obtain a fingerprint-based background check on you. This should be done through a Mississippi facility. This should be in letter format from the facility, on facility letterhead, signed and notarized and sent directly to the Board's administrative office. If you are unable to obtain, this fingerprint-based background check from a Mississippi facility you must obtain it from the appropriate governmental agency. This fingerprint-based background check should be sent directly to the Board's administrative office.
- 4) **Submit attached Affidavit.** This Affidavit must be signed and notarized and the Board must have the original with original signatures.
- 5) **Submit proof of residency.** Submit proof of residency as stipulated in the Affidavit.
- 6) **Submit UROLA Application Fee (\$325.00), Temporary Practice Application Fee (\$300.00), and Temporary Practice Permit Fee (\$100.00).**

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Application Checklist

UROLA

In compliance with Miss. Code. Ann. § 73-50-2, as amended 2021, you must submit the following documents along with your Application for License. These documents must be the **originals** with the original signatures.

- Completed UROLA Application.** This can be completed online through our website (www.msnha.ms.gov) or by paper but if completed by paper it must be the original and sent to the Board's administrative office. This application must be completed entirely and correctly.
- Completed UROLA Affidavit.** This must be signed and notarized and the original must be sent to the Board's administrative office.
- Proof of residency** as stipulated in the UROLA Affidavit must be sent to the Board's administrative office.
- Proof that a **state and federal criminal record check** was performed and it must be sent directly to the Board's administrative office from a) the employing institution, or b) the Mississippi Criminal Information Center. (This document must be notarized.)
- Proof of **any other occupation or license** in any state sent directly to the Board's administrative office. This must include issue date, expiration date, and any disciplinary action.
- Endorsement Questionnaire(s)** sent from each state that you have been licensed in or have applied for licensure. This must be sent directly from the licensing state to the Board's administrative office.
- Proof of 18 years of age.** This must be obtained through a copy of a state issued driver's license, a passport, or military I.D.
- UROLA Application Fee** of \$325.00.
- UROLA Temporary Practice Permit Application Fee** of \$300.00.
- UROLA Temporary Practice Permit Fee** of \$100.00.

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Date Submitted: _____

APPLICATION FEE = \$325.00

APPLICATION FOR LICENSE NURSING HOME ADMINISTRATOR

I hereby make application for License as a Nursing Home Administrator pursuant to the Laws of the State of Mississippi and the Regulations of the Mississippi State Board of Nursing Home Administrator.

*Attach a recent photograph with
your name and date provided on
the back*

GENERAL INFORMATION

1. Name: _____
LAST FIRST MIDDLE MAIDEN

Do you have a name or nickname you prefer to be called? If so, please provide: _____

2. Home Mailing Address: _____
STREET OR P. O. BOX CITY STATE ZIP CODE

3. Home Phone: _____ 4. Cell Phone: _____

5. Personal Email: _____ 6. Date of Birth: _____

7. Social Security Number: _____ 8. Driver's License Number: _____ State _____

MS NURSING HOME FACILITY INFORMATION

9. Facility Name: _____

10. Facility Mailing Address: _____
STREET OR P. O. BOX CITY STATE ZIP CODE

11. Facility Phone: _____ 12. Business Email: _____

EDUCATION

13. Please list your education history beginning with High School diploma. List every institution that you attended and received college credit. **Have all of your official college credit transcripts sent directly to MSBNHA.**

Institution Name	Location	Dates Attended From:	Dates Attended To:	Major	Degree Earned

EMPLOYMENT HISTORY

14. List your employment history beginning with your current place of employment.

From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					
From Mo/Yr		Employer		Type of Business	
To Mo/Yr		City/State		Job Title	
Job Description					

Membership in Professional Societies and Associations

15. Please list any **active** memberships and associations:

Name of Organization

Date of Membership

_____	_____
_____	_____
_____	_____

Licenses and Professional Certifications

16. Please list all current and previous licenses (including Nursing Home Administrators licenses) and professional certifications held. **Have the licensure board forward proof of license/certification directly to MSBNHA.**

Type of License	Licensure State	License Number	Date Licensed From:	Date Licensed To:

Background and Character

17. Have you ever been arrested, convicted, or have a trial pending, for committing a crime, felony or misdemeanor?

- No
 Yes, explain: _____

18. Are you in good health and physically able to perform the duties of a nursing home administrator?

- Yes
 No, explain: _____

19. Have you ever received treatment for excessive use of alcohol, drugs or narcotics?

- No
 Yes, explain: _____

20. Have you applied for a Nursing Home Administrator's license in another state?

- No
- Yes, list states: _____

21. Have you ever failed examination or been refused a license by an examiner of any state?

- No
- Yes, list states: _____

22. Have you ever had a Certificate or Professional license refused, revoked, suspended, voluntarily surrendered, or encumbered in any way (including discipline action)?

- No
- Yes, explain: _____

23. Do you have any pending disciplinary action on any Certificate or Professional license?

- No
- Yes, explain: _____

References

24. Please provide three (3) references, not related by blood or marriage, who can testify to your character and professional competence.

Name		Address	
Title		City/State	
Business		ZIP	

Name		Address	
Title		City/State	
Business		ZIP	

Name		Address	
Title		City/State	
Business		ZIP	

AFFIDAVIT OF APPLICATION

I hereby certify that all information contained herein is complete and correct, that I am familiar with the Mississippi Statute pertaining to nursing homes and/or health care facilities and their administration.

If granted a license to practice as a Nursing Home Administrator in the State of Mississippi, I will obey the laws of the State, the Rules and Regulations of the Mississippi State Board of Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in the Application that my Application may be rejected or my license may be revoked by the Board.

(Signature of Applicant)

Date _____

Subscribed and sworn to before me this _____ Day of _____, 20_____.

My commission expires _____

Notary Public

NOTARY SEAL

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ENDORSEMENT/RECIPROCITY QUESTIONNAIRE

Applicant: Complete this section and provide a copy of this form to each state board that has issued you a license or to any state board to which you have applied for licensure. Send to ALL states since original licensure.

NAME: _____ HOME ADDRESS: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

State Licensing Board: This individual, who is or has previously been licensed in your state, has made application for license by endorsement as a Nursing Home Administrator in Mississippi. Please complete the following form and return to the above address. Thank you.

1) Is the above information the same as your records? Yes No

LICENSE NUMBER: _____ DATE ISSUED: _____ DATE EXPIRES: _____

STATUS OF LICENSE: Active Inactive Expired

2) Did your state issue original license? Yes No If **No**, indicate state of original license _____

3) If original license was issued by your state, what was the type of exam? NAB PES Other

Raw Score _____ Scale Score _____ Date of Exam _____

4) If original license was issued by your state, was an A.I.T. Practicum successfully completed?

No Yes Length of practicum: _____

5) Has the applicant ever been disciplined by your Board? No Yes If **Yes**, please explain:

6) According to your records, is the applicant in good standing with your Board at this time? Yes No

If **No**, please explain _____

7) Does the applicant currently have an investigation or a disciplinary action pending? No Yes

8) According to your records, how many years/months has this applicant been employed in your state as a Nursing Home Administrator? _____ Years _____ Months

Printed name of individual completing this form

Official Title

Mailing Address

City, State, Zip Code

Signature

Date

Phone Number

Email Address

STATE SEAL

State of: _____

UNIVERSAL RECOGNITION OF AN OCCUPATIONAL LICENSE
AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, the undersigned, _____ being duly sworn, hereby deposes and say:

1. I am over the age of 18 and am a resident of the State of _____. I have personal knowledge of the facts herein, and if called as a witness, could testify completely thereto.

2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.

- a. I hold a current and valid license in good standing in the State of _____ which currently has a similar scope of practice and have held this license from the Occupational Licensing Board in that State for at least one (1) year;
- b. I attest that I have completed minimum educational requirements, work experience, examination requirements and clinical supervision requirements in effect; or have been awarded a military occupational specialty in this profession;
- c. I am a resident of Mississippi.

OR

- d. I have worked in the State of _____, for a period of three (3) years or more and that State does not use a license to regulate a lawful occupation and I have provided IRS tax return for the prior three (3) years in verification of three (3) year's work experience in the occupation.

AND

- e. I have not committed any act in the other state that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed and I do not have a disqualifying criminal record as determined by this Board under Mississippi law; and
- f. I have not surrendered a license because of negligence or intentional misconduct related to my work in this, or any other, occupation in another state; and
- g. I do not have a complaint, allegation or investigation pending before any licensing Board in Mississippi or any other state that relates to unprofessional conduct or an alleged crime; and
- h. I have paid the required fee and have cleared the state and federal fingerprint-based background check; and
- i. I have submitted a completed MSBNHA Application for Professional Licensure; and
- j. I have paid all applicable fees in Mississippi.

I further understand that prior to the issuance of a Temporary Practice Permit I must produce proof of a Mississippi state-issued identification card; or

1. current Mississippi residential utility bill with the applicant's name and address; or
2. documentation of current ownership, or current lease of a residence in Mississippi; or
3. documentation of current in-state employment or notarized letter of promise of employment; or
4. any verifiable documentation demonstrating your Mississippi residence as approved by this Board.

I understand that I may practice under a Temporary Practice Permit until a license is granted, or until a notice to deny the license is issued, in accordance with Rules adopted by the Mississippi State Board of Nursing Home Administrators; and, the Temporary Practice Permit will expire in 365 days after its issuance.

Signed by the applicant, _____

This the _____ day of _____, 20_____.

NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

My Commission Expires