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## MN-BENHA: LNHA Roster

{Minnesota licensed nursing home administrators only.}

Date \_\_\_\_\_

Name \_\_\_\_\_

License number \_\_\_\_\_

Address \_\_\_\_\_  
 Street

\_\_\_\_\_ City State Zip

Contact phone number \_\_\_\_\_

Email address \_\_\_\_\_

**The Board emails this roster to facilities that request it. They contact you at their discretion.**

Please circle or explain below, the type of position(s) for which you are interested in being considered. You may circle as many as are of interest to you.

Position type:      Nursing Home Administrator      Assisted Living or Senior Housing Administrator

Permanent      Interim - (enter min/max)

Min. # months    1 2 3 4 5 6 9 12

Max. # months    1 2 3 4 5 6 9 12

Location availability: Statewide \_\_\_\_\_ Other \_\_\_\_\_

Other restrictions on availability: