

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF REGULATION AND LICENSURE SECTION FOR LONG-TERM CARE REGULATION

PRINCIPAL LIST

ATTACH ADDITIONAL SHEETS IF NECESSARY

All forms may be found on our website at: http://www.dhss.mo.gov/NursingHomes/AppsForms.html

FACILITY NAME			
FACILITY ADDRESS			
OPERATOR'S EIN NUMBER			
List all principals (principal means officer, director, own responsibilities) in the operation of the facility, including			
FIRST NAME, MIDDLE INITIAL, LAST NAME	TITLE OR POSITION	SOCIAL SECURITY NUMBER	
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
FIRST NAME, MIDDLE INITIAL, LAST NAME	TITLE OR POSITION	SOCIAL SECURITY NUMBER	
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
FIRST NAME, MIDDLE INITIAL, LAST NAME	TITLE OR POSITION	SOCIAL SECURITY NUMBER	
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
FIRST NAME, MIDDLE INITIAL, LAST NAME	TITLE OR POSITION	SOCIAL SECURITY NUMBER	
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
FIRST NAME, MIDDLE INITIAL, LAST NAME	TITLE OR POSITION	SOCIAL SEC	CURITY NUMBER
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
FIRST NAME, MIDDLE INITIAL, LAST NAME	TITLE OR POSITION	SOCIAL SECURITY NUMBER	
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
FIRST NAME, MIDDLE INITIAL, LAST NAME	TITLE OR POSITION	SOCIAL SECURITY NUMBER	
HOME STREET ADDRESS	CITY	STATE	ZIP CODE