



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Employment History

**Instructions:** Please list the facility (home health agency, etc.), location (including city state, and zip code), and the dates that you practiced at that facility in chronological order beginning with your last practice site. A resume may be attached if the information needed to complete this history is on the resume. This sheet may be copied if additional space is needed. Please email to: **MSDHPProfLicensure@msdh.ms.gov**.

| Facility's Name | Facility's Location | Employment Dates (mm/yyyy) |
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