

NON-REFUNDABLE FEE
\$25.00

MISSISSIPPI BOARD OF NURSING
935 Rgct 'Qtej ctf 'Tqcf .'Uwlg'522
Ridgeland, MS 39157
(601) 957-6300



OFFICE USE ONLY
PM# _____ EXP _____
DISP _____ REL _____

CAMP NURSE TEMPORARY PERMIT

Any statement made on this application which is false and known to be false by the applicant at the time of making such statement shall be deemed fraudulent and is grounds for disciplinary action.

I am applying for: **RN CAMP TEMPORARY PERMIT** mm/dd/yyyy

NAME: First Middle Maiden Last mm/dd/yy DATE:

SOCIAL SECURITY #: DATE OF BIRTH:

ADDRESS: Box/Apt/Street City State Zip Code County

PHONE: (Home #) (Alternate #) EMAIL:

NAME OF YOUTH CAMP: Location:

STATE BOARD OF HEALTH LICENSE #: DATE(S) TO WORK AT YOUTH CAMP:

My primary state of residence is: State currently licensed in:

Have you practiced nursing within the past five (5) years? If NO, contact the Board office for continued competency requirements.

Have you ever held a nursing license in the State of Mississippi? *****If YES, stop here and apply for licensure reinstatement.

- 1. Have you ever been convicted of, pled guilty or pled no contest to any charge(s), or are charges pending against you for a felony or misdemeanor, other than a minor traffic violation, in any state or jurisdiction?
- 2. Have you ever been arrested or convicted for driving under the influence of drugs and/or alcohol?
- 3. Have you ever been denied licensure/certification, or voluntarily entered into an agreement restricting or monitoring your practice, or had disciplinary action or is action pending against you by a Board of Nursing or any other regulatory agency in any state or jurisdiction?
- 4. Have you ever been placed on a state and/or federal abuse registry?
- 5. Have you within the last five years abused drugs/alcohol or been treated for dependency to alcohol or illegal chemical substances?
- 6. Have you ever been disciplined by or administratively discharged by the military?

If an answer to a question above is "YES", attach a detailed explanation and certified copies of all pertinent records, including but not limited to, any and all court and/or regulatory agency records from the applicable state or jurisdiction. Allow additional time for "YES" answers to be reviewed.

Attach a copy of current/active license (showing an Expiration Date). The Temporary Camp Permit fee is \$25.00. The fee is non-refundable. The temporary camp permit is valid for 90 days and is NOT RENEWABLE except by Board action.

I hereby certify that I am applying for privilege to practice nursing in the State of Mississippi on a temporary Camp Nurse Permit.

AFFIDAVIT
Being duly sworn states that he/she is the person referred to in the foregoing application for a camp nurse temporary permit as a licensed nurse in the State of Mississippi; that the statements herein contained are true to the best of his/her knowledge and belief; that he/she has complied with all requirements of the Law; that he/she has read and understands this Affidavit.

Signature of Applicant _____ (SEAL)

Sworn to and ascribed before me on this _____ day of _____ month _____ year

Signature of Notary Public _____ My commission expires: _____