

NON-REFUNDABLE FEE
\$25.00

MISSISSIPPI BOARD OF NURSING
935 Ricketts Drive
Ridgeland, MS 39157
(601) 957-6300



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

DISASTER RELIEF TEMPORARY PERMIT APPLICATION

Instructions: Submit the following: (1) picture identification; (2) proof of current licensure in another state; (3) a completed disaster permit application; and (4) \$25.00 fee. In order to be issued a disaster relief permit during a public health emergency in Mississippi you must hold a current unrestricted license as a registered nurse or licensed practical nurse issued by the licensing authority of another state.

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: _____ mm/dd/yyyy

NAME: First _____ Middle _____ Maiden _____ Last _____ DATE: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

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

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

SCHOOL OF NURSING: _____ Location: _____ Graduation Date: _____

State currently licensed in: _____ CURRENT LICENSE #: _____

My primary state of residence is: _____

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.

Mississippi Employer: Name _____ Location _____

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, 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 Disaster Relief Permit fee is \$25.00. The fee is non-refundable. The temporary disaster permit is valid for 60 days and is **NOT RENEWABLE** except by Board action. All requirements for licensure by endorsement must be completed by the temporary permit expiration date in order to continue practicing in Mississippi.

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

Signature _____ Date _____

