



Mississippi Board of Nursing
935' Rgct 'Qtej ctf 'Tqcf .' Suite 522
Tk i grpf , MS 39379
(601) ; 79/8522

LICENSURE BY ENDORSEMENT
INSTRUCTIONS

- 1. APPLICATION:** Enter data into form; use dropdown boxes to make selection where applicable. Print completed form sign, date, notarize and submit to the address above. Incomplete applications will be returned.
 - 2. PHOTOGRAPH:** Attach, with transparent tape, a signed and dated 2" x 2" passport type photograph. Snapshots are NOT acceptable.
 - 3. PRIMARY STATE:** Indicate your primary state of residence. If your primary state of residence is a member of the Nurse Licensure Compact (NLC), you will not need to apply for licensure by endorsement unless you are moving to and/or declaring Mississippi as your primary state of residence. A complete listing of NLC states is available at www.ncsbn.org. If you are a resident of a non-compact state you may apply for licensure and will be issued a single state license by Mississippi.
 - 4. AFFIDAVIT:** The application must be notarized.
 - 5. VERIFICATION OF ORIGINAL LICENSURE:**
 - Check www.nursys.com to see if your original state of licensure is listed. If your original state of licensure is listed, submit your verification request online at www.nursys.com, and pay by credit card for the verification service. Your licensure information will be verified by the Board through NURSYS.
 - If you were originally licensed in a state that is not listed, mail the notarized Verification of Original Licensure form to the licensing agency in the state where you were originally licensed. Supply your full name, current address and original license number so that your records can be readily located. The associated fee for verification is the responsibility of the applicant. Questions or request for verification should be directed to the Board from which you need the verification.
 - 6. TRANSCRIPT:** Submit an **Official Transcript** of basic nursing education directly to the Mississippi Board of Nursing **from** the nursing school. The transcript **must** indicate date of program completion or date of graduation, and degree conferred. A transcript submitted by the applicant is NOT acceptable. The Board does not evaluate transcripts.
 - **International/Foreign Educated Applicants:** Submit evidence of nursing education and credential evaluation by the Commission on Graduates of Foreign Nursing Schools (CGFNS). An original of the report must be sent to the Board of Nursing directly from CGFNS. Request a CES Professional report if you are a graduate of an English speaking program. Request a CP report if you are a graduate of a non-English speaking program. Go to www.cgfns.org to request reports, more information, and questions regarding the evaluation process.
- If you have not taken the NCLEX you cannot apply for licensure by endorsement, you must apply for licensure by examination.** A licensure by examination application can be downloaded from www.msbn.state.ms.us, Applications.
- 7. International/Foreign Educated Applicants:** Must have a social security number.
 - 8. AUTHORIZATION TO RELEASE INFORMATION:** Form must be completed, **NOTARIZED** and returned to the Mississippi Board of Nursing along with submission of application.
 - 9. FEE:** RN \$100.00, LPN \$60.00. Include your phone number and social security number on your payment. Fees are nonrefundable

LPN IV THERAPY CERTIFICATION is not endorsed and is not included in the licensing process. LPN IV therapy certification is not transferrable. Applicants desiring to be IV therapy certified must successfully complete the Board approved IV therapy curriculum.

TEMPORARY PERMIT:

1. **APPLICATION:** Applicants may be issued a ninety (90) day temporary permit, upon request, to work until the licensing endorsement process is completed. To request a temporary permit select the nurse type and “temporary permit” on the application and add the permit and endorsement fee (i.e. \$125.00). The temporary permit is **NOT RENEWABLE**. If you do not want a temporary permit, do not select the option and do not submit the fee for a temporary permit.
2. **CURRENT/ACTIVE NURSING LICENSE:** Attach a copy of a current/active RN or LPN license (showing an expiration date) to the application or state issued licensed number. Proof of current licensure in another state **must** be provided before a temporary permit can be issued.
3. **FEE:** The temporary permit fee of \$25.00 must be sent with the application directly to the Mississippi Board of Nursing. Include your phone number and social security number on your payment. Temporary permits are valid for 90 days. All fees are nonrefundable.
4. If you currently hold a **Compact License**, **DO NOT** apply for a temporary permit.

IMPORTANT:

1. **NURSE PRACTITIONERS** must be licensed as a Registered Nurse and certified as a Nurse Practitioner by the Mississippi Board of Nursing prior to practicing as a Nurse Practitioner. Contact the Board office for certification requirements.
2. Registered Nurses or Licensed Practical Nurses previously licensed in Mississippi are **NOT** eligible to apply for licensure by endorsement. If you once held a Mississippi license you should apply for a license by reinstatement. A reinstatement application can be downloaded at www.msbn.state.ms.us, Applications.
3. Evidence of continuing nursing competencies must be provided when the Registered Nurse or Licensed Practical Nurse has not practiced nursing within the five (5) year period immediately prior to application. Contact the Board office for available options.

LICENSE WALLET CARDS WILL NOT BE ISSUED effective September 2010. To view licensure status and verification access www.msbn.state.ms.us, Online License Verification.

DO NOT RETURN THE INSTRUCTION PAGES TO THE MISSISSIPPI BOARD OF NURSING

NON-REFUNDABLE FEE
 \$100.00 RN
 \$60.00 LPN
 \$25.00 Temporary Permit

MISSISSIPPI BOARD OF NURSING
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OFFICE USE ONLY	
CODE	_____
TRD	_____
VRD	_____
PM#	_____ EXP _____
DISP	_____ REL _____

ENDORSEMENT APPLICATION

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 will subject the applicant to disciplinary proceedings.

Section A

I am applying for (select one) _____ APPLICATION DATE: _____

FIRST NAME: _____ MIDDLE NAME: _____

MAIDEN NAME: _____ LAST NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____

STATE (2 letters): _____ ZIPCODE: _____ COUNTY: _____

SELECT: Sex: _____ Marital Status: _____ Race: _____

HOME PHONE #: _____ ALT. PHONE #: _____ EMAIL: _____

Nursing School Name: _____ Location: _____

Date Program Completed: _____ Degree Earned: _____

Primary State of Residence (2 Letters): _____ State of Original Licensure: _____

Have you practiced nursing within the past five (5) years? _____ Have you ever held a nursing license in the State of Mississippi? _____
 If **NO**, contact Board office for continued competency requirements If **YES**, stop here and apply for licensure reinstatement.

Section B

Are you requesting a TEMPORARY PERMIT? Yes No

If **YES**, complete this section and include \$25.00 Fee. If **NO**, continue to "Section C".

TEMPORARY PERMIT APPLICANTS (Indicate Employer Name & Location)

Employer Name: _____ Location: _____

Section C

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 or certification organization 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?

NOTE: 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 from the applicable state or jurisdiction. Allow additional time for "YES" answers to be reviewed.

AFFIDAVIT

Being duly sworn states that he/she is the person referred to in the foregoing application for licensure by endorsement 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.

(SEAL)

Signature of Applicant _____

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

Signature of Notary Public _____ My commission expires: _____

Attach Passport
 Type Photograph
 Size 2" x 2"
 Signed





MISSISSIPPI BOARD OF NURSING
935 Rgct 'Qte j ctf 'Tqcf , Suite 522
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AUTHORIZATION TO RELEASE INFORMATION

Please read the following release form carefully. Enter your name in the blanks and your signature, and the date in the designated spaces. **THIS FORM MUST BE NOTARIZED.**

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize any and all individuals and entities to release to the Mississippi Board of Nursing and its staff, personnel and/or agents, **any and all records and information.** whether it be academic, military, medical, psychiatric, psychological, drug/alcohol treatment, employment (including, but not limited to, applications for employment, payroll information, incident reports, drug screens, alcohol screens, contracts for employment, dates and hours worked, dates and hours of absences, reasons for days missed, appraisals and reprimands, promotions, complaints, identity of supervisors, illnesses, injuries, and my reasons for termination or leaving), judicial (including, but not limited to, investigatory agency and court criminal and civil records), or personal reference, and I, _____, being competent to grant this release, **hereby fully authorize the release of any and all such information, privileged or otherwise.** to the **Mississippi Board of Nursing** and its staff, personnel, representatives and/or agents and fully release any and all persons or parties from any and all charges or liability whatsoever because of furnishing or releasing said information and/or documents. I further authorize the Mississippi Board of Nursing to release any and all information, including but not limited to, the above referenced records to individuals/entities and/or Mississippi Board of Nursing-approved assessors the Mississippi Board of Nursing deems necessary. This release shall remain in full force and effect until revoked in writing.

SIGNATURE: _____

PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE: _____

ATTORNEY'S SIGNATURE: (if applicable) _____

STATE OF: _____ COUNTY OF: _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named, _____ who acknowledged to me that he/she signed and delivered the above and foregoing Authorization to Release Information form on the date therein mentioned and for the purpose therein expressed.

Given under my hand and seal of office, this the _____ day of _____ month _____ year.

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES

(SEAL)



CB-E002



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VERIFICATION OF ORIGINAL LICENSURE

SECTION I: Complete this form and submit to the State Board of Nursing where you were originally licensed.

Name: _____

Address: _____

Original License Number: _____ Social Security Number: _____

SECTION II: To be completed by the State Board of Nursing where applicant was originally licensed.

To be completed by the authorized representative of the State Board of Nursing where the applicant was ORIGINALLY Licensed and forwarded directly to:

**Mississippi Board of Nursing
 Attention: Endorsements
 935' Rget 'Qtej ctf 'Tqcf , Suite 522
 Tlf i grpf , MS 5; 379**

Applicant Name: _____ RN or LPN License Number: _____

State of Registration: _____ Date of Registration: _____

Status of License: Current Lapsed Inactive Expiration Date: _____

Date of Examination: _____ Testing Service: SBTPE _____ NCLEX® _____

Has license ever been **revoked** or has any **disciplinary action** been taken? NO YES

(If YES, attach details.)

 Signature of Authorized Representative

 Title of Authorized Representative

 Date: (month/day/year)

BOARD SEAL

