



**Mississippi Board of Nursing  
713 Pear Orchard Road, Suite 300  
Ridgeland, MS 39157  
(601) 957-6300  
LICENSURE BY EXAMINATION**

**Instructions for Registered Nurse (RN) and Licensed Practical Nurse (LPN) Applicants**

1. Complete form. Incomplete applications will be returned.
2. Enter data into form; use dropdown boxes to make selection where applicable.
3. Indicate your primary state of residence. If your primary state of residence is a member of the Nurse Licensure Compact (NLC), you will need to apply for licensure in that state. A complete listing of NLC states is available at [www.ncsbn.org](http://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 for Mississippi.
4. **FEE:** RN Applicant \$100.00; LPN Applicant \$60.00 (add \$20.00 for IV therapy expanded role if desired). Make check or money order payable to the Mississippi Board of Nursing. Include your social security number and phone number on your payment. Fees are non-refundable.
5. Evidence of completion of nursing program.
  - A. Graduates of accredited Mississippi programs and approved out-of-state or U.S. territory programs must have the Registrar send an **official final transcript** directly to the Mississippi Board of Nursing indicating degree earned and date program completed.
  - B. Applicants who have met all requirements for graduation but who have not formally graduated may have the Registrar submit official documentation (letterhead with school seal) of eligibility to graduate. An official transcript **must** follow within 30 days of graduation.
6. Complete and notarize the attached **Authorization to Release Information** form and return with application.
7. Special Accommodations: If requesting, complete and submit the Special Accommodation Request for NCLEX Candidates form at [www.msbn.state.ms.us](http://www.msbn.state.ms.us). Applications and submit along with this application.
8. Send application and all required information to: **Attn: Examination  
Mississippi Board of Nursing  
713 Pear Orchard Road, Suite 300, Ridgeland, MS 39157**
9. See directions below for criminal background check
10. Check the progress of your application status and register for a criminal background check by going to [www.msbn.state.ms.us](http://www.msbn.state.ms.us), Student Applicant Status, Student Status Inquiry. Allow at least 7-10 business days to access information. Times vary depending on volume

**TO APPLY FOR LPN EXPANDED ROLE (INTEGRATED IV THERAPY CURRICULUM)**

This is only applicable to LPN applicants who wish to be IV therapy certified. For certification in the expanded role of IV therapy graduates of state approved programs or equivalent programs with an integrated IV therapy curriculum must submit the attached Integrated IV Therapy Curriculum Application, and a fee of \$20.00 in addition to the \$60.00 fee for LPN licensure by examination. If you do not wish to apply for the expanded role of IV therapy please do not submit the application or fee.

**INTERNATIONAL GRADUATES OF FOREIGN NURSING PROGRAMS** (schools outside the states and territories of the U.S.) must meet immigration requirements, submit official verification of evaluation of nursing education and credentials by the Commission on Graduates of Foreign Nursing Schools (CGFNS), and must meet the Board's qualification requirements. International applicants should follow the instructions as presented herein. In lieu of a transcript submitted from the nursing program, international nursing graduates must:

1. Have a valid social security number.
2. Submit evidence of nursing education and credential evaluation from CGFNS. An original copy of the report must be sent directly to the Board of Nursing. Copies of reports and/or transcripts submitted from the nursing program will not be accepted by the Board. The Board does not evaluate transcripts. Associated fees and expenses for evaluation services are at the expense of the applicant and should be paid directly to CGFNS.
3. Request a CES Professional report if you are a graduate of an English speaking program.
4. Request a CP report if you are a graduate of a non-English speaking program.
5. Go to [www.cgfns.org](http://www.cgfns.org) to request reports, more information, and questions regarding the evaluation process.

6. Employer's address or a business address cannot be used on Licensure by Examination applications.

**NOTE:** This application, once submitted, is valid for only one (1) year. If you are not scheduled for the examination within that period of time, you must submit a new application, fee and supporting documentation if needed. Effective January 15, 2011, candidates may take the NCLEX examination a maximum of six (6) times and within two (2) two years of graduation.

### TO REGISTER FOR NCLEX EXAMINATION

1. The NCLEX application may be accessed online through the NCLEX website at [www.vue.com/nclex](http://www.vue.com/nclex), or via phone at 1-866-49NCLEX (1-866-496-2539), or from your school of nursing, or from the Board office.
2. Follow all directions accurately and completely.
3. Once the NCLEX® application has been submitted, candidates who want to change the state where licensure was requested or the type of examination (RN or LPN) requested are required to pay a \$50.00 change fee.
4. Applications may be submitted as early as three (3) months prior to graduation.

**Graduates of Registered Nursing Programs** selecting to take the NCLEX-PN must complete a Role Delineation course. The fee is \$50.00. Contact the Board office for additional information.

### TO REGISTER FOR A CRIMINAL BACKGROUND CHECK (CBC)

Miss Code Ann. Section § 73-15-19 (1) and 73-15-21 (1) authorizes the Mississippi Board of Nursing (MSBN) to undergo a fingerprint-based criminal background history check of the Mississippi central criminal data base and the Federal Bureau of Investigations criminal history data base on all applicants for licensure. Please follow the instructions below to complete the criminal background check process. *For repeat examination applicants, if you have been fingerprinted within the previous two (2) years by the Mississippi Board of Nursing the instructions below are not applicable. You do not have to re-register for a CBC.*

1. You **must** submit a completed Licensure by Examination application to the board office before registering for a Criminal Background Check (CBC). Allow at least 7 to 10 business days for your examination information to be uploaded to the Student Status Inquiry at [www.msbn.state.ms.us](http://www.msbn.state.ms.us).
2. Access and complete the CBC form at [www.msbn.state.ms.us](http://www.msbn.state.ms.us), by selecting Student Applicant Status under Online Services at least 48 hours prior to a scheduled (in-state only) onsite campus visit by the MSBN staff.
3. Complete the CBC form using the exact name as used on the Licensure by Examination application. If an applicant has undergone a name change different from the name on their photo identification, you **must** present the necessary legal documents (i.e., marriage certificate, divorce decree, or other legal name change document) as proof at the time of fingerprinting.
4. Pay the \$75.00 fee in addition to a minimal processing charge at the time of completion of the CBC form by using a credit or debit card bearing the Visa, MasterCard, Discover or American Express logo. Fees are non-refundable.
5. Applicants who reside in Mississippi and have completed an **in-state nursing program** should contact their school of nursing for the date and time scheduled for onsite fingerprinting to be performed by the MSBN staff.
6. Applicants who reside in Mississippi but have attended an out-of-state nursing program should contact the board to make arrangements based on MSBN staff availability.
7. **OUT OF STATE APPLICANTS** who reside in a state other than Mississippi must contact the board for fingerprinting instructions.
8. An applicant must provide two (2) sources of identification, one of which being a government issued current, valid and unexpired picture identification document. A driver's license is preferred for the picture identification but in the absence of a driver's license, a state-issued identification card may be acceptable. Other forms of identification documents may include: School Issued Student ID, State Government Issued Certificate of Birth, U.S. Active Duty/Retiree/Reservist Military Identification Card (000 10-2), U.S. Passport, Federal Government Personal Identity Verification Card (PIV), U.S. Tribal or Bureau of Indian Affairs Identification Card, Social Security Card, Court Order for a Name Change/Divorce, Marriage Certificate (Government Certificate Issued), U.S. Government Issued Consular Report of Birth Abroad, Foreign Passport with Appropriate Immigration Documents, Certificate of Citizenship (N560), Certificate

of Naturalization (N550), INS 1-688 Temporary Resident Identification Card.

9. To expedite the licensing process, applicants who have been convicted of, pled guilty or pled no contest to any charge(s), or have charges pending against them for a felony or misdemeanor, other than a minor traffic violation in any state or jurisdiction must provide the board with the following pertinent records including but not limited to:
- Certified copies of any and all court records.
  - Expunged
  - Evidence of fines paid
  - Documents that demonstrate release of probation
  - A written detailed explanation as to the circumstances leading to each criminal offense

This information may be mailed or delivered to the board at the time the applicant completes the Licensure by Examination application.

10. Applicants with potentially disqualifying events may be required to submit additional information as requested by the board. MSBN staff will contact the applicant either by phone or letter to request as needed.
11. Applicants should NOT CALL THE BOARD REQUESTING THE RESULTS OF THEIR CBC. THIS INFORMATION WILL NOT BE GIVEN OUT OVER THE PHONE, IN PERSON, BY MAIL, and copies of CBC results will not be available through the board office.
12. Allow additional time for the CBC process to be completed because of additional follow-up by board staff. The amount of additional time required is dependent on the applicant's ability to provide necessary documents and the time required for the board to review the information. A set timeframe cannot be given.
13. A second set of prints may be requested by MSBN staff if inconsistencies associated with the original fingerprint submission cause the submission to be rejected. (Do not call MSBN to check acceptance of fingerprints. If inconsistencies are noted, board staff will contact the applicant.)
14. If an applicant disagrees with the CBC results, they must contact the Board in writing within 10 business days of notification.

**ONLY THE FINGERPRINTS AND CBC PERFORMED BY THE  
MISSISSIPPI BOARD OF NURSING WILL BE ACCEPTED**

*For more information about the Licensure by Examination process go to [www.msbn.state.ms.us](http://www.msbn.state.ms.us), click on New Graduates/Exams.*

**DO NOT RETURN THIS INSTRUCTION PAGE TO THE MISSISSIPPI BOARD OF NURSING**

**NON-REFUNDABLE FEE**  
 \$100.00 RN  
 \$60.00 LPN  
 LPN & IV Certification \$80.00

**MISSISSIPPI BOARD OF NURSING**  
**713 Pear Orchard Road, Suite 300**  
**Ridgeland, MS 39157**  
**(601) 957-6300**

**OFFICE USE ONLY**  
 CODE \_\_\_\_\_  
 TRD \_\_\_\_\_  
 ELD \_\_\_\_\_  
 DISP \_\_\_\_\_  
 REL \_\_\_\_\_

**LICENSURE BY EXAMINATION**

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: \_\_\_\_\_ Basic Degree Earned: \_\_\_\_\_

Primary State of Residence (2 Letters): \_\_\_\_\_ State of Original Licensure: \_\_\_\_\_

Have you taken the NCLEX PN or RN for licensure in this or any other state?  
 If YES, indicate RN or LPN and **ALL** state(s) and date(s) \_\_\_\_\_

If you have ever held a MS license as a RN or LPN please indicate you license number on the line below.  
 \_\_\_\_\_

Section B

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 examination 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: \_\_\_\_\_





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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.



CB-E001

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

(SEAL)

NON-REFUNDABLE FEE  
Certification - \$20.00  
(add to \$60.00 fee)

MISSISSIPPI BOARD OF NURSING  
713 Pear Orchard Road, Suite 300  
Ridgeland, MS 39157  
601-957-6300

OFFICE USE ONLY  
License # \_\_\_\_\_  
Date: \_\_\_\_\_

LPN APPLICANTS ONLY  
LPN EXPANDED ROLE INTEGRATED IV THERAPY CURRICULUM

**Instructions:** Licensed Practical Nurse graduates must complete Section 1, attach a \$20.00 check made payable to the Mississippi Board of Nursing and submit application to instructor. Instructor must complete Section 2, have form notarized and submit completed application and fee to the Mississippi Board of Nursing.

Prior to board certification allowing the LPN to practice in the expanded role of IV Therapy, the LPN must have:

1. Graduated from a state-approved practical nurse educational program or equivalent state-approved program.
2. Submitted official evidence of completion of an educational program of study and clinical experience approved by the board if approved IV certification educational program is completed after graduation from an approved practical nurse educational program.

**SECTION 1: To be completed by applicant**

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: \_\_\_\_\_

**SECTION 2: To be completed by RN instructor**

This is to certify that the above-named LPN graduate applicant has successfully completed all theory and clinical components for IV therapy from a state approved practical nurse educational program or equivalent state approved program as outlined in the 2008 Mississippi Curriculum Framework for Practical Nursing.

**RN INSTRUCTOR:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 LICENSE #: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**NURSING SCHOOL:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF RN INSTRUCTOR DATE (SEAL)

\_\_\_\_\_  
Signature of Notary Public Commission Expires

