

NON-REFUNDABLE FEE
Inactive \$25.00

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

INACTIVE STATUS

I am inactivating (select one):

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.

NAME:

First

Middle

Maiden

Last

SOCIAL SECURITY #:

LICENSE #:

ADDRESS:

Box/Apt/Street

City

State

Zip Code

County

PHONE: (Home #)

(Alternate #)

EMAIL:

30 Mississippi Administrative Code Pt. 2810, R4.5

Inactive Licensure persons not engaged in the active practice of nursing but desiring to maintain licensure.

- A. Any person practicing as a RN or LPN during the time the nurse holds inactive licensure shall be considered to be practicing illegally and shall be subject to disciplinary action by the board.
- B. The only title which may be used by a person with inactive licensure is "RN-I" or "LPN-I", as appropriate, with "I" meaning inactive as defined in the Mississippi Board of Nursing Rules and Regulations.
- C. In order to be considered for inactive licensure a person shall submit a written request to the board. Upon completion of the appropriate application and fee, inactive licensure may be conferred at the discretion of the board.
- D. Inactive licensure shall not be granted to a person during the pendency of disciplinary proceedings against that person.
- E. Licensees holding inactive licensure may apply for reinstatement of active licensure. Upon completion of the reinstatement process and pursuant to all other provisions of this Chapter, the board may reinstate active licensure.
- F. Inactive licensure may be reinstated to active licensure pursuant to Miss. Code Ann. Section 73-15-27 (a) (v) and (b) (v) and *Mississippi Board of Nursing Rules and Regulations, Part 2810, Chapter 4.*

By signing below I am indicating that I would like to change my licensure status to inactive. I certify that I have read, understood, and that the above information is correct and understand that by being granted an inactive license I will not be privileged to practice as a licensed nurse in Mississippi.

Signature: _____ Date: _____