

**Mississippi Board of Nursing
Nursing Scope of Practice Opinion Request Form**

Instructions: Please complete this form for any nursing practice inquiry. Scan the form and send by email to practice @msbn.ms.gov. Please allow 7-10 business days for a reply to your inquiry by the Board.

Background Information of Person Submitting the Form	
Name:	
Licensure: <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> APRN	Date:
Employer:	
E-Mail Address:	
Please answer questions 1-12 below	
1	Check the licensure level(s) to which your question applies.
Licensure: <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> APRN	
2	State you question.
3	Describe the practice/procedure that you are questioning. Use the questions outlines in Step 1 of the Scope of Practice Decision Tool as a guide.)
4	Is there a reference in the Mississippi Nurse Practice Act or one of the Board of Nursing Position Statements that is related to your question? If so, please list the section(s) of the Nurse Practice Act and/or the Position Statement.
5	Has a professional nursing organization developed a position on the practice/procedure? If so, please attach a copy.
<input type="checkbox"/> Copy attached. <input type="checkbox"/> No professional nursing organization has developed a position.	
6	Does the employing organization or facility have policies and procedures related to the practice/procedure? If so, please attach a copy.
<input type="checkbox"/> Copy attached. <input type="checkbox"/> No policies and/or procedure currently exist.	
7	Briefly describe the circumstances/environment in which this practice/procedure will take place.
8	What type of education, training and skill assessment will be provided to nurses who will perform this practice/procedure?

9	Are nurses performing this practice/procedure within this state or other states? If yes, where? Provide copies of policies or procedural guidance being used if available.
10	List reasons why nurses should engage in this practice/procedure. Provide documentation of information and/or literature that supports the practice/procedure.
11	List reasons why nurses should not engage in the practice/procedure. Provide documentation of information and/or literature that advises against nurses performing the practice/procedure.
12	Provide a summary of your organization's or facility's nursing practice committee discussions. What were the challenges that the committee encountered in resolving the question?

Thanks for your inquiry