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

Declaration of Primary State of Residency

Instructions: Complete form below. NOTE: Single state Mississippi licensees who are declaring Mississippi as the primary state of residency must submit a $25.00 fee to change to a Compact license. The $25.00 is not applicable if you are **not** declaring Mississippi.

Pursuant to the Mississippi Nursing Practice Law §73-15-2 [Nurse Licensure Compact (NLC)], a license issued to practice as a registered nurse or licensed practical nurse issued by a home state to a resident of that state will be recognized by each party state as authorizing a multistate licensure privilege to practice in such party state. The NLC defines "primary state of residence" as "the state of a person's declared fixed permanent and principal home for legal purposes." According to the NLC, a licensed nurse may only hold a license in one Compact state or from one home state, which is determined by the primary state of residence, at that time.

If your primary state of residence is one of the following states your Mississippi license will be inactivated within the thirty (30) days of receipt of your declaration. During this time, you should apply for licensure in the newly declared home state. The following states participate in the NLC and are referred to as Compact States: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin. Non-participating states are referred to as non-compact states. If you are a resident of a non-compact state (a state not listed above), you will be issued a single state Mississippi license (valid only in Mississippi).

NAME: _____ _____ _____ _____
FIRST MIDDLE MAIDEN LAST

SOCIAL SECURITY #: _____ MS RN LICENSE #: _____ MS LPN LICENSE #: _____

ADDRESS: _____ _____ _____ _____
BOX/APT/STREET CITY STATE ZIP CODE

PRIMARY STATE OF RESIDENCY DECLARATION

I declare that my primary state of residence is _____ . This state is referred to as my home state and means that it is my "declared fixed permanent and principal home for legal purposes."

SELECT AS APPROPRIATE

I am employed exclusively in the U.S. Military or currently employed with the U.S. Federal Government. Select one

My primary state of residency is a non-compact state Select one

PRIMARY STATE OF RESIDENCY CHANGE TO MISSISSIPPI (submit with $25.00 fee)

Complete this section ONLY if you hold a single state Mississippi license and are now declaring Mississippi as your primary state.

To request a change in primary state of residency from a non-compact state **to Mississippi,** please complete the following by indicating your current or previous primary state of residence, and the date Mississippi became your primary state.

My **Primary State of Residence** is _____ **Mississippi** became my **Primary State of Residence** effective (month, day, and year) _____. (*Proof of residency including, but not limited to, Military Form No. 2058; current driver's license with a home street address; voter registration displaying the primary state of residence; federal income tax return declaring the primary state of residence and/or W2 from US government or any bureau, division or agency thereof indicating declared state of residence may be required by Board staff.)*

By my signature below, I certify that I have read, understood and that the information is true and correct.

Signature: _____ Date: _____

RETURN THIS COMPLETED STATEMENT TO THE MISSISSIPPI BOARD OF NURSING: 713 Pear Orchard Road, SUITE 300 Ridgeland, MS 39157.