



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

2014
REGISTERED NURSE RENEWAL

INSTRUCTIONS

1. Make fee payable to: **Mississippi Board of Nursing**
2. Renewal Fees: **Active** \$100.00; **Inactive** \$25.00; **Advanced Practice Registered Nurse (APRN)** \$100.00; (additional certification \$50.00 each); **Controlled Substance Prescriptive Authority (CSPA)** \$50.00. Include your phone number and social security number and/or nursing license number on your payment. **Cash will not be accepted.**
3. Your current license becomes **INVALID** and a **PENALTY WILL BE ASSESSED** if not renewed by the expiration date of **DECEMBER 31, 2014**.
4. After the expiration date of current license, the Reinstatement fees are: **Active** \$100.00 (plus additional fee); **Inactive** \$25.00; **Advanced Practice Registered Nurse (APRN)** \$100.00 (additional certification \$50.00 each) and **Controlled Substance Prescriptive Authority (CSPA)** \$50.00.
5. Name change requires a fee of \$25.00, copy of marriage license, divorce decree or other legal documents indicating name change should be submitted directly to this office.
6. Advanced Practice Certification is **only** for the State of Mississippi.
7. If you are an APRN, complete both a RN and APRN form in order to renew your APRN certification.
8. Primary state of residence/home – is the state that is the nurse’s “declared fixed permanent and principal home for legal purposes.”
9. Multi-state licensure means you may practice as a RN pursuant to your Mississippi RN license, not in an expanded role, in any Compact state unless you have had an action limiting your privilege to practice in the other Compact state. If you change primary state of residency to another compact state you will need to obtain licensure in your new state within thirty (30) days.
10. If you or your spouse is working in a federal/military facility and Mississippi is your primary state of residence, you should include proof of Mississippi residency.
11. If you do not wish to renew your RN license, please notify the Board office in writing.

NOTE: License wallet cards will no longer be distributed. You or your employer may check licensure status by accessing the online licensure verification at www.msbn.ms.gov.

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

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NON-REFUNDABLE FEES	
Active	\$100.00
Inactive	\$ 25.00

2014 REGISTERED NURSE RENEWAL 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.

LICENSE # _____ SS # _____ PHONE # _____

NAME _____
 First Middle Maiden Last

ADDRESS _____ EMAIL _____
 P.O. Box/Street City State Zip County

My primary state of residence is: _____

PLEASE CIRCLE CORRECT INFORMATION

GENDER 1. Male 2. Female	HIGHEST DEGREE HELD 5. Diploma 6. Associate Degree Non-Nursing 7. Associate Degree Nursing 8. Baccalaureate Non-Nursing 9. Baccalaureate Nursing 10. Masters Non-Nursing 11. Masters Nursing Education 12. Masters Nursing Administration 13. Masters Nursing Advanced Practice 14. Masters Nursing Other 15. Doctorate Nursing Science 16. Doctorate Science Nursing 17. DNP Clinical 18. DNP Non-Clinical 19. PhD Non-Nursing 20. PhD Nursing	MAJOR CLINICAL AREA 1. Gerontology 2. Obstetric/Gynecologic 3. Medical/Surgical 4. Pediatric/Child Health 5. Psychiatric/Mental Health 6. General Practice 7. Community/Public Health 8. Critical Care 9. Emergency Care 10. Dialysis 11. Oncology 12. Rehabilitation 13. OR/RR/Anesthesia 14. Quality Assurance 15. Education 16. Neonatology 17. Home Health 18. Other(Specify)_____	MAJOR FIELD OF EMPLOYMENT 1. Hospital 2. Nursing Home 3. Private Duty 4. Community/Public Health 5. Home Health 6. Office Nurse (Physician/Dentist/NP) 7. Federal/Military 8. Industry 9. Nursing Education Program 10. School/Student Health Services 11. Occupational Health 12. Self Employed (Except Private Duty) 13. Hemodialysis 14. Other(Specify)_____
MARITAL STATUS 1. Single 2. Married	EMPLOYMENT STATUS 1. Nursing Full-time 2. Nursing Part-time 3. Other Field Full-time 4. Other Field Part-time 5. Unemployed (less than 5 yrs) 6. Unemployed (5 yrs or more) 7. Inactive	TYPE OF POSITION 1. Nursing Administrator or Assistant Administrator 2. Consultant 3. Supervisor or Assistant Supervisor 4. Educator/Instructor 5. Head Nurse/Assistant Head Nurse 6. General Duty or Staff 7. Clinical Specialist (Masters Degree) 8. Nurse Practitioner 9. RNFA (Registered Nurse First Assistant) 10. Other (Specify)_____	ADVANCED PRACTICE REGISTERED NURSE (APRN) ROLE 1. CRNA 2. CNM 3. CNS 4. CNP <input type="checkbox"/> Check here if you wish to only renew as a RN without renewing your Mississippi APRN certification.
EMPLOYER Name _____ _____ City _____ State _____ County _____			

Since you last held an active Mississippi license, have you been disciplined by any disciplinary licensing board or agency or convicted of a felony or misdemeanor in any court of law (excluding speeding tickets), or are any charges currently pending against you? YES NO

If the answer to the above question 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 records from the applicable state or jurisdiction. Allow additional time for "YES" answers to be reviewed.

Please check here if you allow us to disclose your email address to selected third parties. YES NO

By my signature below, I certify that the above information is correct.

Signature: _____ Date: _____