



**MISSISSIPPI BOARD OF NURSING**  
935 Ricketts Building, Suite 522  
Tomball, MS 39379  
(601) 798-5222

**REGISTERED NURSE  
REINSTATEMENT APPLICATION**

**INSTRUCTIONS:**

1. Enter data into form; use dropdown boxes to make selection where applicable. Print form, sign, date, notarize and submit to the above address. Incomplete applications will be returned.
2. **FEE:** Reinstatement \$100.00. To change licensure from inactive to active \$75.00. Include your phone number, license number and/or social security number on your payment.
3. Submit evidence of continuing basic nursing competencies if you have not practiced nursing as a Registered Nurse within the five (5) year period immediately prior to this application.

**If you have not practiced nursing in the last five (5) years or more, options for evidence of continuing basic nursing competencies may include one (1) of the following:**

1. Successful completion of a Board-approved Reorientation/Refresher Program for Registered Nurses within the five (5) year period immediately prior to application for renewal or reinstatement of the nursing license. The Board may issue a temporary permit to the nurse during the time enrolled in the Reorientation/Refresher Program.

**Hinds Community College**

**Reorientation to Nursing Course**

Contact Kimberly Neely: (601)376-4958 or Email: [Kimberly.neely@hindsc.edu](mailto:Kimberly.neely@hindsc.edu)

2. Completion of twenty hours of continuing education, directly related to nursing practice, within the two (2) year period immediately prior to application for renewal or reinstatement of the nursing license. Acceptable continuing education offerings are those which are currently approved, accredited, provided, or offered by a recognized credentialing agency. The following offer continuing education courses:

[www.nursingcredits.com](http://www.nursingcredits.com)   [www.nurse.com](http://www.nurse.com)   [www.ceu4u.com](http://www.ceu4u.com)   [www.msurses.org](http://www.msurses.org)  
[www.rn.com](http://www.rn.com)   [www.nursingcenter.com](http://www.nursingcenter.com)   [www.netce.com](http://www.netce.com)   [www.med2000.com](http://www.med2000.com)  
[www.ncsbn.org](http://www.ncsbn.org)   University of Mississippi Medical Center CEU 601-984-1300

A search may also be conducted on the internet for more offerings, however courses found independently must be approved by the American Nurses Credential Center (ANCC), and must be reviewed by the Board for acceptance.

3. Successful completion of a minimum of three (3) semester hours of nursing credit offered by a nursing education program within the two (2) year period immediately prior to such application for renewal or reinstatement of the nursing license. An acceptable nursing program is one approved or accredited by the appropriate agency within the state. Enrollment arrangements will need to be made by applicants, not the Board of Nursing

**Documentation of one (1) of the above options must be submitted with the application for licensure if you have not practiced nursing in the last five (5) years or more.**

*Appearance on this page represents neither recommendation nor endorsement by the Mississippi Board of Nursing. The above list of courses is being provided as a service.*

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

**LICENSE WALLET CARDS WILL NOT BE ISSUED. To view licensure status and verification access [www.msbn.state.ms.us](http://www.msbn.state.ms.us), Online License Verification.**



**MISSISSIPPI BOARD OF NURSING**

**935 Rgct 'Qtej ctf 'Tqcf .'Suite 522**

**Tk i gæpf , MS 39379**

**(601) ; 79/8522**

**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.

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

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

(SEAL)

