Mississippi Nurse Voluntary

MnVP Eligibility Agreement

In consideration of the Mississippi Nurse Voluntary Program (MnVP) agreeing to assume an active advocacy role on my behalf with the Mississippi Board of Nursing (MBON), or other licensing boards managed-care panels or other appropriate agencies, I do hereby agree to the following non-disciplinary terms and conditions:

- 1. I agree to submit to a substance use disorder evaluation and to authorize to be submitted a written report of said entire evaluation to MnVP, including diagnosis, course of treatment, prescribed or recommended treatment, prognosis and professional opinion as to whether I am capable of practicing nursing with reasonable skill and safety to patients.
- 2. From the date of this agreement, I agree not to practice nursing in any manner, directly or indirectly, including, but not limited to, the administration of, teaching, counseling, delegation and supervision of nursing, and execution of the medical regimen, including the administration of medications and treatments prescribed by any licensed or legally authorized provider.
- 3. I agree to abstain from the ingestion of alcohol in any form and ingestion, inhalation, injection or other use of any controlled or illicit drug/substance(s) including non-approved over-the-counter medications unless ordered and/or approved by my evaluation team.
- 4. I further understand that if I need any controlled medications, they will be administered and/or prescribed by another practitioner for a legitimate medical purpose. I shall immediately notify MnVP and each of my health care professionals of all medications prescribed to me. Copies of prescriptions will be provided to MnVP. I will also provide any other documentation required by MnVP.
- 5. I understand that failure to enter into a Monitoring Agreement with MnVP for any reason will result in the forms completed to MnVP to be provided to the investigations and/or legal department(s) for determination of further action.
- 6. These conditions become effective the date of signing.

Participant Signature	Date	
MnVP Staff Signature	 Date	

713 S. Pear Orchard Road Plaza II, Suite 300 Ridgeland, MS 39157 (601)957.6300-Office (601)957.6301-Fax MNVP@msbn.ms.gov

NOTE: Provided I fully comply with the above terms and conditions, this agreement shall not be deemed disciplinary action and shall not be reported to the National Practitioner Data Bank. Accordingly, any violation of this agreement shall constitute grounds for disciplinary action by MBON pursuant to Miss. Code Ann. Section 73-15-29 and 30 Miss. Admin. Code Part 2820 and/or Part 2826, in which case any such action by the MBON shall be deemed disciplinary action; and all documents relating thereto, including this Agreement shall thereafter be deemed public record and reportable to the National Practitioner Data Bank and other entities mandating MBON report.