



Mississippi Board of Nursing

713 S. Pear Orchard Rd., Plaza II, Suite 300, Ridgeland, MS 39157

APPLICATION FOR ROLE DELINEATION COURSE

INSTRUCTIONS: Complete the form and return it to the address listed above. Once your application has been received, you will be notified of the scheduled date and time for the Role Delineation Course.

Please note: The course fee is **\$50.00** and is **non-refundable**. Upon receipt of your application, you will be provided with instructions regarding the payment process.

SOCIAL SECURITY NUMBER _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER _____

NAME AND LOCATION OF SCHOOL OF NURSING: _____

NAME AND LOCATION OF MILITARY TRAINING: _____

MONTH/YEAR GRADUATED: _____ DEGREE RECEIVED _____

MONTH/YEAR MILITARY TRAINING: _____

HAVE YOU TAKEN THE RN EXAMINATION? _____ (YES) _____ (NO)

HAVE YOU TAKEN THE LPN EXAMINATION? _____ (YES) _____ (NO)

IF YES, LIST STATE (S) WHERE EXAM WAS TAKEN FOR LICENSURE AND DATE(S) OF

EXAM: _____

Office Use Only

Date application received:

Date payment received: