If you do not remember your username and password, click "Forgot Username/Password?" to retrieve your username and update your password.

Click on the Licensure by Endorsement under the applications tab.
Enter the date you last practiced as a nurse. This does not have to be bedside nursing care. If your job requires or required you to hold a nursing license to perform your job duties, that should be the date you will use. This does not have to be exact, but please estimate your last date of practice as best you can.
Proof of residency is required if you are claiming MS as your primary residence.
This address should be the same as the address used when you created your account. If your mailing address is different from your primary/legal address, you can update that under your profile info.

Enter your ORIGINAL license information and request your verification from NURSYS. If your ORIGINAL board does not use NURSYS verifications, you’ll have to request it directly from your board.
You must have GRADUATED from an accredited school. We will need you to request your official transcript from your nursing school. That can be sent via mail or parchment. NO EMAIL.
Degrees

Please select all degrees held by you.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Completed</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School/Equivalent</td>
<td>1985</td>
<td></td>
</tr>
<tr>
<td>Vocational/Practical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma - Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate - Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate - Non Nursing</td>
<td>2000</td>
<td></td>
</tr>
<tr>
<td>Bachelor - Nursing</td>
<td>2002</td>
<td></td>
</tr>
<tr>
<td>Bachelor - Non Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master - Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master - Non Nursing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discipline

1. You must complete the Endorsement application before registering for the CBC.
2. After submission of this application, you will be provided a link in your Gateway to register and pay for the Criminal Background Check.
   a. Mississippi residents will need to call the MSBN to schedule a fingerprint time.
   b. If you reside outside Mississippi, an official MSBN fingerprint card will be mailed to you with instructions.

* Have you been convicted or found guilty, or entered into an agreed disposition, of a felony offense under applicable state or federal criminal law?
  - [ ] Yes  [ ] No

* Have you been convicted of a misdemeanor (other than minor traffic violations) of entered into an agreed disposition?
  - [ ] Yes  [ ] No

* Have you pled guilty to, no contest to or have been convicted of any drug or alcohol related offense (including DWI/DUI/DWIG)?
  - [ ] Yes  [ ] No

* Have you been denied licensure/certification, had disciplinary action or is action pending against you by a board of nursing, regulatory agency or certifying organization of any state or jurisdiction?
If you answered yes to any of the discipline questions, this will pop up. You will be able to enter an explanation and are required to upload supporting documents. Document uploads can be done after you have submitted and paid for your application.
Please take a moment to verify all information below. If you see any errors, use the navigation links to the left to correct information and proceed forward again. Once all information is correct, use the **Next** button below to proceed.

If you are not satisfied with the answers you have provided or feel you may not need to submit this application, please exit before submitting your application and payment. Once your application is submitted, the information provided cannot be changed and all fees are nonrefundable.

**Licensee Information**

**Name:**
Stephane Glass

**Date of Birth:**
XXX/XX/1986

**Salary Range:**
$50,000 - $60,000

**Language Abilities:**

**Terms of Agreement**

- In completing this application, I certify I am physically and mentally competent to safely practice nursing.
- I do hereby attest that the information submitted is true, accurate, and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.
You are about to leave this site in order to pay. Please do not use the forward or back buttons in your browser to navigate.
Click here to register for your background check (CBC)
Choose whether you’d like to have a fingerprint card mailed to you or schedule an appointment to come to our office.
If you choose LiveScan at MSBoN office:
- LiveScan prints can be obtained by MSBoN staff by scheduled appointment only. Those wanting to submit their prints via the MSBoN LiveScan system must contact their licensing officer.

By which method do you wish to submit your fingerprints?
- LiveScan

Terms of Agreement
- I do hereby attest that the information submitted is true, accurate, and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Confirm your address and city.

Address 1:
- 73 Melley Rd

City: Starkville

State: Mississippi

Zip/Postal Code: 36759