

ENDORSEMENT APPLICATION

Nurse View - Nurse Licensure Mi x Licensee Gateway x +

gateway.licensure.msbn.ms.gov/index.aspx

MISSISSIPPI BOARD of NURSING

Licensee Gateway

Welcome to the Gateway!

Please enter your user name and password to access the Gateway. If you are a new user please use the **Register**

Registration Instructions

The Gateway provides a secure environment for nurses to manage their licenses, certificates, and applications. It grants access to various services, including applications, printouts, and more. Please use the instructions provided to submit all information.

Learn More

*Username

*Password

Login

Register Now!

Forgot Username/Password?

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

Nurse View - Nurse Licensure Mi x Licensee Gateway x Home | Mississippi Board of Nurs x +

gateway.licensure.msbn.ms.gov/ProfileHome.aspx

MISSISSIPPI BOARD of NURSING

Licensee Gateway

Home Applications Instructions Logout

Warning: Use this application ONLY if you are licensed in a non-compact state and wish to practice as an RN or LPN in the state of Mississippi.

Licensure by Examination

Licensure by Endorsement

Add Compact License for Advanced Practice/LPN Expanded Role

Stephanie Glass ▾

CBC Information ▾

No records have been added!

Licenses & Certificates ▾

There were no licenses/certificates found for your profile!

Click on the Licensure by Endorsement under the applications tab

https://gateway.licensure.msbn.ms.gov/Applications/Endorsement/begin.aspx

- Application Start
- NLC
- Original Licensure
- Education
- Degrees
- Discipline
- Demographics
- Verification
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Application Start

- This application should be used to obtain licensure in Mississippi if a currently licensed registered nurse or licensed practical nurse from another state has never held a Mississippi license.
- If you have held a Mississippi license before and wish to reactivate, please refer to the reinstatement application.
- Licensed nurses from countries outside the United States or territories, who have not taken the NCLEX, please refer to the Licensure by Examination application.
- Nurses who hold a compact license (multi state compact license in that state do not need to apply).

*Which type of license do you wish to endorse?

☐ RN ☐ LPN

*Date last worked as a nurse?

*State Last Worked as a Nurse:

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.

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gateway.licensure.msn.ms.gov/Applications/Endorsement/begin.aspx

Demographics Verification Confirmation

*Which type of license do you wish to endorse?

☒ RN ☐ LPN

*Date last worked as a nurse?

12/09/2021

*State Last Worked as a Nurse:

Alabama

*Are you currently licensed in any other states?

☒ Yes ☐ No

*States in which you are currently licensed:

<input checked="" type="checkbox"/> Alabama	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	<input type="checkbox"/> Prince Edward Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> New Brunswick	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> Alberta	<input type="checkbox"/> Illinois	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Quebec
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Indiana	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Arizona	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Saskatchewan
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Kansas	<input type="checkbox"/> New York	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Armed Forces	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> South Dakota
Africa/Canada/Europe/Middle East	<input type="checkbox"/> Louisiana	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Armed Forces Americas	<input type="checkbox"/> Maine	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Texas
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Manitoba	<input type="checkbox"/> Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> British Columbia			

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gateway.licensure.msbn.ms.gov/Applications/Endorsement/begin.aspx

***Are you currently *working* in any other states?**

☒ Yes ☐ No

***States in which you are currently *working*:**

<input checked="" type="checkbox"/> Alabama	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	<input type="checkbox"/> Prince Edward Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> New Brunswick	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> Alberta	<input type="checkbox"/> Illinois	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Quebec
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Indiana	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Arizona	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Saskatchewan
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Kansas	<input type="checkbox"/> New York	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Armed Forces	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Africa/Canada/Europe/Middle East	<input type="checkbox"/> Louisiana	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Armed Forces Americas	<input type="checkbox"/> Maine	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Texas
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Manitoba	<input type="checkbox"/> Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> British Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Northwest Territories	<input type="checkbox"/> Utah
<input type="checkbox"/> California	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Nova Scotia	<input type="checkbox"/> Vermont
<input type="checkbox"/> Colorado	<input type="checkbox"/> Michigan	<input type="checkbox"/> Nunavut	<input type="checkbox"/> Virginia
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Ohio	<input type="checkbox"/> Washington
<input type="checkbox"/> Delaware	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> West Virginia
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ontario	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Florida	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Foreign Country/Territory	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Yukon
<input type="checkbox"/> Georgia			

Nurse View - Nurse Licensure Management System | NLC | Licensee Gateway | Home | Mississippi Board of Nursing

gateway.licensure.msbn.ms.gov/Applications/Endorsement/eNLC.aspx

Warning: You are currently authenticated via the Nurse Licensure Management System.

Application Start ✓

NLC ➕

Original Licensure

Education

NLC

Mississippi is a member of the Nurse Licensure Compact (NLC). The NLC allows a Registered Nurse or Licensed Practical Nurse to possess a multistate license with privilege to practice in both their home state and other compact states without applying for and obtaining an additional license. To see a list of the Uniform Licensure Requirements to hold a multistate license and a current list of states in the NLC visit www.ncsbn.org/NLC.

Your Primary State of Residence (PSOR) is the state of your declared fixed permanent and principal home for legal purposes; domicile. If Mississippi is your primary state of residence and you meet the Uniform Licensure Requirements you will be issued a multistate license. If you do not meet the ULRs and/or Mississippi is not your PSOR you may be issued a single-state license giving privilege to practice in Mississippi only. At any time you declare Mississippi as your PSOR, you may be required to provide documentation before any multistate license privileges will be granted. You may provide any of the following Mississippi documentation showing your primary address:

- Driver's license
- Voter registration card
- Federal income tax return
- Military Form no. 2058
- W-2 from the US Government or any bureau, division or agency thereof

*** I have read and understand the NLC and PSOR guidelines above.**

☐ I Agree

Proof of residency is required if you are claiming MS as your primary residence

Nurse View - Nurse Licensure M... x NLC | Licensee Gateway x Home | Mississippi Board of Nur... x + gateway.licensure.msbn.ms.gov/Applications/Endorsement/eNLC.aspx

Primary Address

***Country:**
United States of America

***Address 1:**
713 Pear Orchard Rd

Address 2:
Ste 300

***City:** Ridgeland ***State:** Mississippi ***Zip:** 39157

***County:** Madison

***Do you declare the state listed in your address above as your primary state of residence?**
☒ Yes ☐ No

***Are you currently a participant in an alternative to discipline program?**
☐ Yes ☒ No

This address should be the same as the addressed 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.

Nurse View - Nurse Licensure M... x Original Licensure | Licensee Gateway x Home | Mississippi Board of Nur... x + gateway.licensure.msbn.ms.gov/Applications/Endorsement/originalLicense.aspx

Original Licensure

You will need to submit verification of your original license.
a. Go to www.NURSYS.com, and "Request Verification"
b. If you were originally licensed in a state that does not participate in NURSYS verifications, contact your original Board of Nursing to request your verification for the Mississippi Board of Nursing.

Please provide information

***State:**

***License Number:**

***License Type:**

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.

Application Start ✓
NLC ✓
Original Licensure ⚙
Education
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Previous Cancel / Exit Next

Nurse View - Nurse Licensure Management System | Education | Licensee Gateway | Home | Mississippi Board of Nursing

gateway.licensure.msbn.ms.gov/Applications/Endorsement/education.aspx

Warning: You are currently authenticated via the Nurse Licensure Management System.

Education

Application Start ✓

NLC ✓

Original Licensure ✓

Education +

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To be eligible to endorse, you must have completed your nursing education in an accredited school. You must request your official transcript to be sent to the Mississippi Board of Nursing via Scrip Safe or mailed to:

- MS Board of Nursing
- 713 S. Pear Orchard Rd
- Ste. 300
- Ridgeland, MS 39157

*Official transcript requirements for applicants from Foreign Nursing Schools (CGFNS):

1. Have evidence of nursing education and credential evaluation submitted by the Commission on Graduates of Foreign Nursing Schools (CGFNS).
 - a. Request a CES professional report.
 - b. Submit evidence of passing an English proficiency examination if your education program was not taught in English or if English is not your native language.
2. Visit www.cgfns.org to request reports, more information, and questions regarding the evaluation process.

If your program cannot be located in the US or Foreign tabs below, please enter your program information in the [Can't Find Program?](#) tab.

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.

Nurse View - Nurse Licensure Management System | Education | Licensee Gateway | Home | Mississippi Board of Nursing

gateway.licensure.msbn.ms.gov/Applications/Endorsement/education.aspx

Program in United States Foreign Program Can't Find Program?

*Program State:

Alabama

*Program:

AUBURN UNIVERSITY - BS

*Date of Completion:

05/10/2002

*Was your program taught in English?

Yes

*Nursing Degree Qualifying First US License:

Baccalaureate Degree-Nursing

Previous

Cancel / Exit

Next

Application Start	✓
NLC	✓
Original Licensure	✓
Education	✓
Degrees	+
Discipline	
Demographics	
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Degrees

Please select all degrees held by you.

Degree	Completed	Concentration
High School/Equivalent	1998	
Vocational/Practical		
Diploma - Nursing		
Associate - Nursing		
Associate - Non Nursing	2000	
Bachelor - Nursing	2002	
Bachelor - Non Nursing		
Master - Nursing		
Master - Non Nursing		

Application Start	✓
NLC	✓
Original Licensure	✓
Education	✓
Degrees	✓
Discipline	+
Demographics	
Verification	
Confirmation	

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) or 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/OWI)?

☐ 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?

Discipline Detected

You have answered "Yes" to one or more of the questions regarding applicable state or federal criminal law? Before your application can be processed, documentation for all charges/convictions must be uploaded. **Please upload your documentation using the upload button on your application checklist.**

Required documentation:

- **Certified copy** of court abstract or court order specifying whether a felony or misdemeanor, show the final evidence that all court ordered requirements have been met, classes/courses completed, community service completed, etc.
- Written personal explanation from the applicant detailing involvement in the arrest/conviction, etc. (**Please use the space provided for this statement.** If more space is required, make a notation "see uploaded document" and upload your documentation using the upload button on your application checklist.)
- **Certified copy** of disciplinary actions taken by other Boards of Nursing or other regulatory agencies, to also include the current status of their license/certification in that state, etc.

Please enter your personal explanation detailing the circumstances involved in the arrest/conviction, etc. If more space is required, make a notation "see uploaded document" and upload your documentation using the upload button on your application checklist.

Next

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.

Demographics

The information requested below is for research purposes and will be kept confidential.

*Sex:
Female

Ethnic Background:
☐ Asian
☐ Black/African American
☒ Caucasian
☐ Hispanic
☐ Native American
☐ Other
☐ Pacific Islander
☐ Unknown

Marital Status:
Married

Salary Range:

Language Abilities:

Application Start ✓
NLC ✓
Original Licensure ✓
Education ✓
Degrees ✓
Discipline ✓
Demographics +
Verification
Confirmation

Application Start	✓
NLC	✓
Original Licensure	✓
Education	✓
Degrees	✓
Discipline	✓
Demographics	✓
Verification	⬇
Confirmation	

Verification



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 non-refundable.

Licensee Information

Name:

Stephanie Glass

Date of Birth:

XX/XX/1986

Married

Salary Range:

\$50,001 - \$60,000

Language Abilities:

Terms of Agreement

* In completing this application, I certify I am physically and mentally competent to safely practice nursing.

☒ I Agree

* 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.

☒ I Agree

Previous

Cancel / Exit

Next

Mississippi State Board of Nursing

Proceed to Payment

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.

Proceed to Payment

Verification

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 non-refundable.

Licensee Information

Name:

Mississippi's Official State Website

ms.gov

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
000000081	RN Licensure by Endorsement	\$100.00	1	\$100.00
Total				\$100.00

Payment

Payment Type

Payment Type *

Transaction Summary

RN Licensure by Endorsement	\$100.00
ms.gov Order Total	\$100.00

Need Help?

Select Payment Method and Continue to proceed with payment. You will receive a printable receipt at the end of your successful payment transaction.

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gateway.licensure.msbn.ms.gov/ProfileHome.aspx

Home Applications My Profile Application Instructions Alerts 1 Logout

Warning: You are currently authenticated via the Nurse Licensure Management System.

Casandra Diashet Gandy ▾

CBC Information ▾

**Background Check**
A completed Criminal Background Check is required for one or more of your pending applications.
Click here to Register for CBC

Click here to register for your background check (CBC)

Licenses & Certificates ▾

Click here for... Click here for... REINSTATEMENT application

Nurse View - Nurse Licensure Management System | Application Start | License Gateway | Home | Mississippi Board of Nursing

gateway.licensure.msbn.ms.gov/Applications/LiveScan/begin.aspx

Home Applications My Profile Application Instructions Alerts 1 Logout

Warning: You are currently authenticated via the Nurse Licensure Management System.

Application Start +
Demographics
Fingerprint Method
Verification
Confirmation

Application Start

Miss Code Ann. Section § 73-15-17 (Q); 73-15-19; and 73-15-21, authorizes the Mississippi Board of Nursing (MSBN) to undergo a fingerprint-based criminal background history check of the Mississippi central criminal data base and the Federal Bureau of Investigations criminal history for licensure. Please follow the instructions below to complete the CBC process.

- Applicants/Students whose initial appointments were cancelled due to the COVID-19 pandemic and have graduated from their nursing programs, but have NOT requested a fingerprint card. **(NOTE: These appointments would have been initially scheduled by the instructors to have the students fingerprinted on the schools' campuses; however, due to the COVID-19 pandemic, the CBC appointments were cancelled.)**
- Applicants/Students whose in-office appointments were cancelled due to the COVID-19 pandemic and they have NOT requested a fingerprint card.
- You **must** submit a completed application to the board office before registering for a Criminal Background Check (CBC).
- Complete the CBC online at least 48 hours prior to a scheduled (in-state only) onsite campus visit by the MSBN staff.
- Complete the CBC registration using the exact name as used on the application. If your name is different from the name on your photo identification, you must present the necessary legal documents (i.e., marriage certificate, divorce decree, or other legal name change document) as proof at the time of fingerprinting.
- Pay the fee at the time of completion of the CBC form by using a credit or debit card bearing the Visa or MasterCard logo. **Fees are non-refundable.**
- APPLICANTS who reside in Mississippi and have completed an **in-state nursing program** should contact their school

Nurse View - Nurse Licensure M... Demographics | Licensee Gatew... Home | Mississippi Board of Nur... gateway.licensure.msbn.ms.gov/Applications/LiveScan/demographics.aspx

Demographics

Applicant must complete the online CBC registration using the exact name as used on the licensure application. If an applicant has undergone a name change different from the name on their photo identification, you must present the necessary legal documents (i.e., marriage certificate, divorce decree, or other legal name change document) as proof at the time of fingerprinting.

Name: Cassandra Dlashet Gandy Date of Birth: 12/06/1974

*Race: [Redacted] *Gender: [Redacted]

*Eye Color: [Redacted] *Hair Color: [Redacted]

*Height: [Redacted] *Weight (lbs): [Redacted]

*Citizenship: [Redacted]

Nurse View - Nurse Licensure M... Fingerprint Method | Licensee Gatew... Home | Mississippi Board of Nur... gateway.licensure.msbn.ms.gov/Applications/LiveScan/method.aspx

Fingerprint Method

Fingerprints may be collected and submitted two ways – 1) via form at law enforcement agency on physical fingerprint cards, or 2) via LiveScan at the MSBoN office.

If you choose law enforcement agency on physical fingerprint cards:

- One Standard Fingerprint Form FD-258 will be mailed to you by MSBoN at the mailing address provided on your Gateway profile.
- One completed FD-258 form must be submitted to MSBoN for processing.

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 schedule an appointment online.

*By which method do you wish to submit your fingerprints?

Fingerprint Cards
LiveScan

Previous Cancel / Exit Next

Choose whether you'd like to have a fingerprint card mailed to you or schedule an appointment to come to our office.

gateway.licensure.msbn.ms.gov/Applications/LiveScan/verification.aspx

agencies should be contacted for clarification.

- Two completed FD-258 forms must be submitted to the MSBoN for processing.

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.**

☐ I Agree

Previous Cancel / Exit Next

gateway.licensure.msbn.ms.gov/Applications/LiveScan/method.aspx

Confirmation

- One Standard Fingerprint Form FD-258 will be mailed to you by MSBoN at the mailing address provided on your Gateway profile.
- One completed FD-258 form must be submitted to MSBoN for processing.

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 schedule an appointment online.

***By which method do you wish to submit your fingerprints?**

Fingerprint Cards

***Address 1:**

73 Mobley Rd

Address 2:

***City:** Starkville ***State:** Mississippi ***Zip/Postal Code:** 39759

Previous Cancel / Exit Next