

Section 1: Payment Information

Date:	
Payment Type:	
Account Last 4:	
Name:	
Address:	
Email:	

Section 2: Licensee Information

Name:	
Date of Birth:	
Social Security #:	

Section 3: Application Start

Attention: You are required to have a Criminal Background Check performed. After submission of this application, you will be provided a link in your Gateway to register and pay for the Criminal Background Check. Note: If you have been fingerprinted within the previous two (2) years by the Mississippi Board of Nursing this requirement has been fulfilled and you do not have to re-register for a CBC.

Which type of license are you applying for?	LPN (Military Personnel Only)
Program Code	US79909400

Section 4: 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 <https://nursecompact.com/>.

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

I Disagree

Primary Address:

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

Section 5: Education/Training

Upload Training Verification and Competency Form, Delineation Certificate, and Official Military Personnel File (OMPF).

Military Training	US Army Combat Medic Specialist US Navy Hospital Corpsman US Air Force Aerospace Medical Service
Training Date(s):	
Is English your primary language?	Yes No

Section 7: Discipline

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?	Yes No
Have you been disciplined by or administratively discharged by the military?	Yes No

Section 8: Demographics

Do you require special testing accommodations?	Yes	No
Sex:		
Ethnic Background:		
Marital Status:		
Salary Range:		
Language Abilities:		

Section 9: Terms of Agreement

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

Signature:	
Date:	