



Mississippi Board of Nursing

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

Employer Status Notification Form

Asterisk(*) Must be filled in.

***Date:** _____

I, _____ am currently unemployed for the month of _____, _____ year.

or

I, _____ am currently employed with _____ in an non-nursing, non-healthcare related position.

***Respondent:** _____

***License Number:** _____

***Address:** _____

***Telephone Number:** _____

Modified: 07/007/2022