



Mississippi Board of Nursing

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

PAYMENT OF FINE

RESPONDENT agrees to accept a fine of \$ _____ which must be received in the Boards Office on or before _____ calendar days from the date the Board Hearing Panel/ Executive Director executes the Final Order signed and dated _____. Failure to pay fine according to the terms of the Order may result in further disciplinary action. **YOU MUST RETURN THIS FORM WITH YOUR FINE.**

RESPONDENT

LICENSE #

RESPONDENT SIGNATURE

DATE