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MISSISSIPPI

Board of Nursing



DISASTER / EMERGENCY WAIVER APPLICATION

The Disaster/Emergency Waiver is intended for any Registered Nurse or Licensed Practical Nurse temporarily relocating to Mississippi while assisting with the transfer and/or care of patients. The Disaster/Emergency Waiver is valid for 30 days and is not renewable except by Board action. This Waiver is effective contingent on State Emergency Declaration status at the time of application.

For nurses making application for the privilege to practice during this time, you must hold and maintain a current nursing license and provide the employer name and location to which you are assisting in Mississippi. Any statement made on this application which is false and known to be false by the applicant at the time of making such statement shall be deemed fraudulent and will subject the applicant to disciplinary proceedings.

License type: RN LPN License # Exp date:

NAME
First Middle Last

DATE OF BIRTH: SOCIAL SECURITY

PRIMARY ADDRESS
(No P.O. Boxes)
Street City State Zip

MAILING ADDRESS:
(If different)
Street City State Zip

PHONE: EMAIL:

EMPLOYER NAME:
Name Phone Name of Supervisor

EMPLOYER ADDRESS:
Street City State Zip

TRANSFERRING TO

EMPLOYER NAME:
Name Phone Name of Supervisor

EMPLOYER ADDRESS:
Street City State Zip

I hereby certify that I am applying for privilege to practice nursing in the State of Mississippi on a temporary Disaster/Emergency Waiver Permit.

Signature _____ Date _____