

713 S. Pear Orchard Rd.  
Plaza II, Suite 300  
Ridgeland, MS 39157  
T: (601) 957-6300  
F: (601) 957-6301



### **REQUIREMENTS FOR CAMP NURSE PERMITS FOR REGISTERED NURSES**

PLEASE READ THE REQUIREMENTS BEFORE SUBMITTING YOUR APPLICATION. REFUNDS WILL NOT BE ISSUED IF YOUR APPLICATION IS DENIED.

#### Part 2810 Chapter 6: Camp Nurses Rule 6.1 Permits for Camp Nurses:

The board, pursuant to the Miss. Code Ann. Section 75-74-8, may issue a ninety (90) day temporary license to practice nursing at a youth camp to qualified applicants upon receipt of a completed application and fee. Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*§ 75-74-8. Temporary licenses for nonresident or retired physicians or nurses to practice at youth camps*

*(2) Any nonresident registered nurse who is not licensed to practice nursing in this state and any resident registered nurse who is retired from the active practice of nursing in this state may be issued a temporary license by the Mississippi Board of Nursing to practice nursing at a youth camp licensed under this chapter by the State Board of Health while serving as a volunteer at such a camp, provided that any such nonresident nurse shall hold a valid license to practice nursing in another state and the nurse licensing authority of that state shall certify to the board of nursing in writing that such license is in good standing, and that any such retired resident nurse shall be in good standing with the board of nursing. The board of nursing shall be authorized to require any resident registered nurse who has been retired from the active practice of nursing in this state for five (5) or more consecutive years to complete a nursing reorientation program prescribed by the board before the board will issue a temporary license to practice nursing at a youth camp to such nurse.*

*(3) A temporary license issued under subsection (1) or (2) of this section shall authorize the physician or registered nurse to whom the license is issued to administer treatment and care within the scope of his training to campers and employees of the youth camp, but shall not authorize the physician or registered nurse to otherwise practice in the state. Such temporary license shall be valid only during the time that the physician or registered nurse is in residence at the camp, but in no event shall such license be valid for more than ninety (90) days. A new temporary license shall be obtained by a physician or registered nurse each time that he serves as a volunteer at a youth camp. The fee for each such license shall be twenty-five dollars (\$ 25.00), which shall be payable to the board from which the license is obtained.*

1. **APPLICATION:** Type or print in black ink. Incomplete applications will be returned.
2. **FEE:** The camp nurse permit fee of \$25.00 must be sent with the application. A CASHIER'S CHECK or MONEY ORDER must be made out to the Mississippi Board of Nursing. Personal checks will NOT be accepted. The fee is non-refundable.
3. **AFFIDAVIT:** The application must be notarized.
4. **CURRENT/ACTIVE NURSING LICENSE:** You must either hold a current/active unencumbered registered nursing license in another U.S. state or territory OR have an unencumbered expired/inactive Mississippi license, be a resident of Mississippi, and be eligible for reinstatement

713 S. Pear Orchard Rd.  
 Plaza II, Suite 300  
 Ridgeland, MS 39157  
 T: (601) 957-6300  
 F: (601) 957-6301

# MISSISSIPPI

## Board of Nursing



### CAMP PERMIT APPLICATION FOR REGISTERED NURSES

Name _____			
First	Middle	Last	Maiden
Address _____			
Street or P O Box	City	State	Zip Code
SS# _____	DOB _____	Primary Phone # _____	
E-mail Address _____			
Are you currently licensed in another state? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, State _____ License # _____  (If licensed in more than one state, list state you most recently practiced in).		Have you ever held a nursing license in Mississippi? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, License # _____  Date you last worked as a nurse: _____	
Do you currently hold an ENCUMBERED (with active discipline) nursing license in any state(s) you are licensed? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, explain _____ _____			
Youth Camp _____			
Address _____			
Street or P O Box	City	State	Zip Code
Camp Director _____		Phone # _____	
Board of Health License # _____		Dates to Work at Camp _____ to _____	
<input type="checkbox"/> In completing this application, I certify I am physically and mentally competent to safely practice nursing. <input type="checkbox"/> I understand if my application is denied the \$25 application fee is non-refundable. <input type="checkbox"/> I do hereby attest that the information submitted is true, accurate, and complete to the best of my knowledge, and I understand that falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.			
<b>AFFIDAVIT</b>		(SEAL)	
Being duly sworn states that he/she is the person referred to in the foregoing application for licensure to practice as a Registered Nurse in the State of Mississippi; that the statements herein contained are true to the best of his/her knowledge and belief; that he/she has complied with all requirements of the Law; that he/she has read and understands this Affidavit.			
Signature of Applicant _____			
Sworn to and ascribed before me on this _____ day of _____ Month _____ Year			
Notary Public Signature _____			