



MISSISSIPPI BOARD OF NURSING
713 Pear Orchard Road, Suite 300
Ridgeland, MS 39157
Telephone: (601) 957-6300

CCHT ENDORSEMENT ONLY
CCHT VERIFICATION OF ORIGINAL CERTIFICATION

SECTION I: Complete this form and submit to the State Board of Nursing or other regulatory agency where you were originally certified. Some agencies or Boards may charge a fee. You are responsible for any associated fees.

NAME:
 First Middle Maiden Last

ADDRESS:
 Box/Apt/Street City State Zip Code County

Original Certificate Number _____ Social Security Number ____ - ____ - ____

SECTION II: To be completed by the State Board of Nursing or other regulatory agency where applicant was originally certified.

TO BE COMPLETED BY THE ORIGINAL CERTIFICATION AGENCY

To be completed by the authorized representative of the Agency where the applicant was **ORIGINALLY** certified and forwarded directly to the Mississippi Board of Nursing, Attention: CCHT, 713 Pear Orchard Road, Suite 300, Ridgeland, MS 39157.

State of Registration: _____ Date of Registration: _____

Status of Certificate: Current Inactive Expiration Date: _____

Date of Examination: _____ Type of Exam: NNCC BONENT NNCO

Has the certificate ever been **revoked** or has any **disciplinary action** been taken? NO YES
 If YES, attach details.

Is **disciplinary action pending**? NO YES If YES, attach details.

 Signature of Authorized Representative

 Title of Authorized Representative

 Date

AGENCY SEAL