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

MISSISSIPPI
Board of Nursing

MISSISSIPPI BOARD OF NURSING OFFICIAL

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 SIGNITURE

_____

DATE

Attn: Compliance Department

Modified 7/5/2018