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# MISSISSIPPI

## Board of Nursing



### APRN DISASTER / EMERGENCY WAIVER APPLICATION

The Advanced Practice Registered Nurse (APRN) Disaster/Emergency Waiver is intended for any APRN temporarily practicing in Mississippi during the state of emergency. This Waiver is effective contingent on the 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. The applicant shall not be the subject of any investigation or disciplinary proceeding by any licensing and/or regulatory entity. Any statement made on this application which is false and known or should be 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.

Prior approval **MUST** be obtained before practicing in the State of Mississippi. For approval please email this form to: [Smorris@msbn.ms.gov](mailto:Smorris@msbn.ms.gov) or [thighfill@msbn.ms.gov](mailto:thighfill@msbn.ms.gov)

License type: License #  Exp Date:   
NP  CRNA  CNM  DEA #

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

Collaborating Physician \_\_\_\_\_ License# \_\_\_\_\_ ST \_\_\_\_\_

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

I further certify that the above referenced licensed number is current and unencumbered, and I am not the subject of any pending investigation, disciplinary proceeding or adverse action by any licensing and/or regulatory entity.

Signature \_\_\_\_\_ Date \_\_\_\_\_