MISSISSIPPI BOARD OF NURSING  
713 S. Pear Orchard Rd, Suite 300  
Ridgeland, MS 39157  
(601) 957-6300

2014
REGISTERED NURSE RENEWAL

INSTRUCTIONS

1. Make fee payable to: Mississippi Board of Nursing
2. Renewal Fees: Active $100.00; Inactive $25.00; Advanced Practice Registered Nurse (APRN) $100.00; (additional certification $50.00 each); Controlled Substance Prescriptive Authority (CSPA) $50.00. Include your phone number and social security number and/or nursing license number on your payment. Cash will not be accepted.
3. Your current license becomes INVALID and a PENALTY WILL BE ASSESSED if not renewed by the expiration date of DECEMBER 31, 2014.
4. After the expiration date of current license, the Reinstatement fees are: Active $100.00 (plus additional fee); Inactive $25.00; Advanced Practice Registered Nurse (APRN) $100.00 (additional certification $50.00 each) and Controlled Substance Prescriptive Authority (CSPA) $50.00.
5. Name change requires a fee of $25.00, copy of marriage license, divorce decree or other legal documents indicating name change should be submitted directly to this office.
6. Advanced Practice Certification is only for the State of Mississippi.
7. If you are an APRN, complete both a RN and APRN form in order to renew your APRN certification.
8. Primary state of residence/home – is the state that is the nurse’s “declared fixed permanent and principal home for legal purposes.”
9. Multi-state licensure means you may practice as a RN pursuant to your Mississippi RN license, not in an expanded role, in any Compact state unless you have had an action limiting your privilege to practice in the other Compact state. If you change primary state of residency to another compact state you will need to obtain licensure in your new state within thirty (30) days.
10. If you or your spouse is working in a federal/military facility and Mississippi is your primary state of residence, you should include proof of Mississippi residency.
11. If you do not wish to renew your RN license, please notify the Board office in writing.

NOTE: License wallet cards will no longer be distributed. You or your employer may check licensure status by accessing the online licensure verification at www.msbn.ms.gov.

DO NOT RETURN THIS INSTRUCTION PAGE TO THE MISSISSIPPI BOARD OF NURSING.
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2014 REGISTERED NURSE RENEWAL APPLICATION

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.

<table>
<thead>
<tr>
<th>LICENSE #</th>
<th>SS #</th>
<th>PHONE #</th>
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NAME  
First  Middle  Maiden  Last

ADDRESS  
P.O. Box/Street  City  State  Zip  County  EMAIL  

My primary state of residence is:  

**PLEASE CIRCLE CORRECT INFORMATION**

**GENDER**  
1. Male  
2. Female

**DATE OF BIRTH**  
____-____-____

**MARITAL STATUS**  
1. Single  
2. Married

**HIGHEST DEGREE HELD**  
1. Diploma  
2. Associate Degree Non-Nursing  
3. Associate Degree Nursing  
4. Baccalaureate Non-Nursing  
5. Baccalaureate Nursing  
6. Masters Non-Nursing  
7. Masters Nursing Education  
8. Masters Nursing Administration  
9. Masters Nursing Advanced Practice  
10. Masters Nursing Other  
11. Doctorate Nursing Science  
12. Doctorate Science Nursing  
13. DNP Clinical  
14. DNP Non-Clinical  
15. PhD Non-Nursing  
16. PhD Nursing

**MAJOR CLINICAL AREA**  
1. Gerontology  
2. Obstetric/Gynecologic  
3. Medical/Surgical  
4. Pediatric/Child Health  
5. Psychiatric/Mental Health  
6. General Practice  
7. Community/Public Health  
8. Critical Care  
9. Emergency Care  
10. Dialysis  
11. Oncology  
12. Rehabilitation  
13. OR/RR/Anesthesia  
14. Quality Assurance  
15. Education  
16. Neonatology  
17. Home Health  
18. Other(Specify)  

**MAJOR FIELD OF EMPLOYMENT**  
1. Hospital  
2. Nursing Home  
3. Private Duty  
4. Community/Public Health  
5. Home Health  
6. Office Nurse (Physician/Dentist/NP)  
7. Federal/Military  
8. Industry  
9. Nursing Education Program  
10. School/Student Health Services  
11. Occupational Health  
12. Self Employed (Except Private Duty)  
13. Hemodialysis  
14. Other(Specify)

**DATE OF BIRTH**

**ETHNIC INFORMATION**  
1. White (not of Hispanic origin)  
2. African American  
3. Native American  
4. Asian  
5. Hispanic  
6. Other (specify)  

**EMPLOYMENT STATUS**  
1. Nursing Full-time  
2. Nursing Part-time  
3. Other Field Full-time  
4. Other Field Part-time  
5. Unemployed (less than 5 yrs)  
6. Unemployed (5 yrs or more)  
7. Inactive

**EMPLOYER**  
Name__________________________  
__________________________  
City__________________________  
State__________________________  
County__________________________

**TYPE OF POSITION**  
1. Nursing Administrator or Assistant Administrator  
2. Consultant  
3. Supervisor or Assistant Supervisor  
4. Educator/Instructor  
5. Head Nurse/Assistant Head Nurse  
6. General Duty or Staff  
7. Clinical Specialist (Masters Degree)  
8. Nurse Practitioner  
9. RNFA (Registered Nurse First Assistant)  
10. Other ( Specify)_________

**ADVANCED PRACTICE REGISTERED NURSE (APRN) ROLE**  
1. CRNA  
2. CNM  
3. CNS  
4. CNP  

☐ Check here if you wish to only renew as a RN without renewing your Mississippi APRN certification.

Since you last held an active Mississippi license, have you been disciplined by any disciplinary licensing board or agency or convicted of a felony or misdemeanor in any court of law (excluding speeding tickets), or are any charges currently pending against you?  YES ☐ NO ☐

If the answer to the above question is “YES”, attach a detailed explanation and certified copies of all pertinent records, including but not limited to, any and all court and/or regulatory agency records from the applicable state or jurisdiction. Allow additional time for “YES” answers to be reviewed.

**Please check here if you allow us to disclose your email address to selected third parties.**  YES ☐ NO ☐

By my signature below, I certify that the above information is correct.

Signature: ____________________________  Date: _______________