

ATTACH \$10.00
NON-REFUNDABLE
FEE FOR EACH
CERTIFICATION

MISSISSIPPI BOARD OF NURSING
1080 River Oaks Drive, Suite A-100
Flowood, MS 39232
Telephone: (601) 664-9303

If you do not wish to
renew your certification,
check () here and return
without payment

LPN RENEWAL APPLICATION FOR EXPANDED ROLE 2010-2011

Please type or print in black ink. The application must be completed, notarized and submitted to the Board of Nursing. If you did not remit your fee on line, submit the appropriate renewal fee with this application. Include your phone number, social security number and/or nursing license number on your payment.

Mississippi License Number: _____ Primary State of Residence: _____

Certification: IV Therapy: Hemodialysis: Both

NAME: _____

FIRST MIDDLE MAIDEN LAST

ADDRESS: _____

BOX/STREET CITY STATE ZIP CODE

PHONE: (Home #) _____ (Alternate #): _____ EMAIL: _____

DECLARATION OF CONTINUING EDUCATION

LPNs renewing Expanded Role certification in IV Therapy and/or Hemodialysis must certify completion of at least 10 contact hours of continuing education and/or in-service education for each area of certification within the previous two (2) year period in accordance with Chapter IV, Sections 3.1 (b) and 4.1 (b) of the Mississippi Board of Nursing Rules and Regulations. Proof of completion of requisite continuing education must be provided upon request of Board staff. Audits will be performed to determine compliance with education requirements for renewal of Expanded Role certifications.

Continuing Education for Recertification in the Expanded Role of IV Therapy:

I certify that I have completed a minimum of ten contact hours on continuing education and/or inservice in **IV Therapy** within the previous two (2) year period. By my signature below, I attest to the accuracy of the information provided.

Signature: _____ Date: _____

Continuing Education for Recertification in the Expanded Role of Hemodialysis:

I certify that I have completed a minimum of ten contact hours on continuing education and/or inservice in **Hemodialysis** within the previous two (2) year period. By my signature below, I attest to the accuracy of the information provided.

Signature: _____ Date: _____

INVESTIGATIVE/DISCIPLINARY INFORMATION

Have you been disciplined by any disciplinary board or agency or convicted of any criminal offense (excluding minor traffic violations) since you last renewed your license or certification? 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 records, expungement, fine payment, disciplinary record, etc., and/or records from another board of nursing and/or any state or jurisdiction. Allow additional time for "YES" answers to be reviewed.

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 is grounds for disciplinary action.

I certify that the above information is correct.

LPN's Signature: _____ Date: _____

Notary Public Signature: _____

(NOTARY SEAL)

Notary Commission Expiration: _____