

**RELEASE OF NAMES AND ADDRESSES
ORDER FORM
RNs, LPNs & APRNs**

**MISSISSIPPI BOARD OF NURSING
1080 RIVER OAKS DRIVE, SUITE A100
FLOWOOD, MS 39232-9779
(601) 664-9350**

Policy: The Mississippi Board of Nursing provides service and information consistent with the provisions of the Mississippi Public Records Act of 1983, Miss. Code Ann. §25-61-1, et. seq. "Public Records Act".

Names and Addresses Only: In compliance with the above policy, names and addresses and counties of residence of RNs and LPNs who hold active, valid Mississippi licenses shall be released. APRNs (nurse practitioners, certified registered nurse anesthetists and certified nurse midwives) also include practice specialty.

Requests and Fees: Download this form, complete and submit with the correct fee to the above address. All fees must be paid prior to release of information. (Payment cannot be made by credit card.)

Agency Response: The Board of Nursing will process within 10 working days from receipt of this order form and payment.

Media: Information is released either by email or on compact disk and mailed via U.S. Postal Service.

Record Layout: Variable length, pipe ("|") delimited format suitable for importing into spreadsheet programs or other databases as follows: Last Name, First Name, Address 1, Address 2, City, State, Zip Code, and County Name (or other location, if not in Mississippi). APRNs will have an additional field for practice specialty.

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Download, complete and mail this form along with payment to the above address.

Contact Person _____ **Company Name** _____

Telephone Number _____

Email to _____

OR

Mail on CD via USPS to _____
Mailing Address
City,
State
Zip

SELECT REQUEST BELOW	APPROXIMATE # OF RECORDS	COST
_____ Registered Nurses	39,000	\$ 500.00
_____ Licensed Practical Nurses	13,900	\$ 500.00
_____ Advanced Practice Registered Nurses (Including NPs, CRNAs & CNMs)	2,500	\$ 250.00

Total Amount Enclosed \$ _____