



MISSISSIPPI BOARD OF NURSING
713 Pear Orchard Road, Suite 300
Ridgeland, MS 39157
PHONE: (601) 957-6300

INITIAL LICENSURE

**ADVANCED PRACTICE REGISTERED NURSE (APRN)
MISSISSIPPI CERTIFICATION**

Applicants for Mississippi Board of Nursing (Board) APRN certification **MUST** be currently licensed as a Registered Nurse in Mississippi, or hold an active unrestricted Registered Nurse Compact license, or hold a temporary permit as a Registered Nurse (RN) in Mississippi. APRNs applying for **RN endorsement or RN reinstatement and** APRN certification **must** complete the **RN endorsement or RN reinstatement** process before APRN certification can be granted.

Instructions for Advanced Practice Registered Nurse (APRN)

1. Submit application online. Go to www.msbn.ms.gov. On the home page select **click here to access your Nurse Gateway**.
2. Click the **Register Now** button if this is your first time visiting this website. This will allow you to create a profile and create a new username and password. Your old username and password from prior years will not work
3. If you have already created your account put in your username and password to get into your Nurse Gateway.
4. After you have login using your username and password select applications located at the top to get started with the process.
5. **FEES:** Are non-refundable

APRN Certification- Initial CNP,CRNA,CNW and Reinstatement	\$100.00
Controlled Substance Prescriptive Authority (CNP/CNW)	\$100.00
Practice addition	\$25.00 (each)
Physician addition	\$25.00
Renewal even numbered years	\$100.00

6. **PRIMARY STATE OF RESIDENCY:** Indicate your primary state of residence. If your primary state of residence is a member of the Nurse Licensure Compact (NLC), you will need to provide proof of licensure in that Compact state in order to be granted APRN privilege in Mississippi. A complete listing of NLC states is available at www.ncsbn.org.
7. **APRN PRACTICE GUIDELINES:** Read the Mississippi Nursing Practice Law and 30 Mississippi Administrative Code. APRN guidelines are outlined in §73-15-20 of the Mississippi Nursing Practice Law and 30 Mississippi Administrative Code Part 2840. Accessible at www.msbn.ms.gov, Publications.
8. **POPULATION FOCUS:** Indicate your area of population focus. Population focus can be family/individual across the life span, adult/gerontology, pediatric, neonatal, women’s health/gender related, psychiatric/mental health.
9. **EVIDENCE OF NATIONAL APRN CERTIFICATION:** Submit current proof of national APRN certification:
 - a. Nationally Certified Practitioners – Submit a copy of a current certification from the national certification organization.
 - b. New Graduate APRN – Request evidence of certification be submitted directly to the Board of Nursing from the national certification organization.

- c. Submit a copy of each additional specialty certification (i.e., first assistant, wound care, etc.)
 - d. New Graduate Advanced Practice Registered Nurse Orientation for Nurse Practitioners.
- Please email smorris@msbn.ms.gov to schedule your appointment

10. **TRANSCRIPT:** Submit an official transcript from:

- a. An accredited masters or higher degree program of nursing that prepares nurses for one of the APRN role designation of Certified Nurse-Midwife (CNM), Certified Nurse Practitioner (CNP), and Certified Registered Nurse Anesthetist (CRNA).
- b. APRN applicants who graduate from a nurse practitioner program and were nationally certified as a nurse practitioner prior to December 31, 1993 may submit evidence of graduation from an accredited educational program for registered nurses.
- c. APRN applicants graduating from a nurse practitioner program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.

11. **PRACTICE SITE DOCUMENTATION:** Submit documentation of practice site, type, and specialty. If the site, type or specialty is in pain management, weight loss, wound care, aesthetics, an emergency room, or any other specialty area submit evidence of additional training or certification in the area of specialty you are applying for board approval.

12. **COLLABORATING/CONSULTING PHYSICIAN(S):** Indicate and provide the requested information on the verification of protocol/practice for each physician with whom you have entered into a collaborative practice agreement in accordance with 30 Miss. Admin, Code, Pt. 2840, R. 2.3. It is recommended that you have a signed protocol by the APRN and collaborative physician for proof of agreement for possible audit.

13. **CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY (CSPA):** Select if you wish or do not wish to apply for CSPA. If you are applying for CSPA include an additional fee of \$100.00. Every certified APRN authorized to practice in Mississippi who prescribes any controlled substances (Schedules II, III, IV, or V) within Mississippi or who proposes to engage in the prescribing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration (DEA) in compliance with Title 21 CFR Part 1301 Food and Drugs, **and** must also apply for this privilege with the Mississippi Board of Nursing. **CSPA is not automatically granted with an APRN license in Mississippi.** To register with the DEA see instructions below.

REGISTRATION WITH THE U.S. DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION

1. **DO NOT** apply for a DEA registration prior to being issued prescriptive authority by the Mississippi Board of Nursing.
2. Register online at www.deadiversion.usdoj.gov after you have been issued prescriptive authority by the Mississippi Board of Nursing, select Registration, and Registration Applications. Pay applicable fee by Visa, MasterCard, American Express, or Discover.
3. DEA Customer Service 1-800-882-9539.
4. Information and resources, including questions and answers, are available by clicking on the "Registration Tools & Resources" section of the DEA web site.
5. When completing the DEA registration application you should enter your APRN license number. You will not have a state controlled substance number.
6. DEA will be notified by the board of nursing once CSPA has been approved.
7. Your DEA number will then (**and only then**) be sent to your home address directly from the DEA office.
8. Submit a copy of your DEA number and registration to the Board office.