

Date Received

MAINE STATE BOARD OF NURSING
158 STATE HOUSE STATION
161 CAPITOL STREET
AUGUSTA, ME 04333
TEL: (207) 287-1133

Office Use Only
Check #: _____
Amount: _____
Issue Date: _____

**ADVANCED PRACTICE REGISTERED NURSE LICENSE
REINSTATEMENT APPLICATION
NURSE-MIDWIFE
REINSTATEMENT FEE TOTAL: \$110.00**

NAME:	FIRST	FULL MIDDLE OR N/A	LAST	LICENSE NUMBER:
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PAYMENT OPTIONS			
Make checks payable to "Treasurer of State of Maine" – if you wish to pay with MasterCard or Visa, fill out the following			
Name of cardholder (please print)	FIRST	FULL MIDDLE OR N/A	LAST
I authorize the Maine State Board of Nursing to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD			\$ ENTER TOTAL AMOUNT HERE
Card number:	XXXX - XXXX - XXXX - XXXX		Expiration Date: mm / yyyy
SIGNATURE:			DATE:

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers, and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website. The mailing address is considered your public contact address.

TO REINSTATE: RETURN COMPLETED APPLICATION (SIGNED AND QUESTIONS ANSWERED) WITH PAYMENT. A license becomes LAPSED when it is not renewed or placed on INACTIVE status by your birthdate. A lapsed license may be reinstated by the Board upon:

1. Receipt of satisfactory written explanation of failure to renew by birthday, employment history, and
2. Payment of reinstatement fee of **\$10.00** in addition to the current renewal fee of **\$100.00**.

1. Have you met the **75 contact hour** requirement of APRN continuing education in the past **two** years?
Specialty _____ YES NO
Specialty _____ YES NO

2. Do you hold a current national certification? YES NO (**Enclose photocopy of your national certification**)

***If you answered NO to questions 1-2 above, you must provide a letter of explication**

3. Have you prescribed in the last two years?
Narcotics _____ YES NO
Non Narcotics _____ YES NO

4. Do you have a current DEA Number? YES NO (**Enclose photocopy of your DEA certificate**)

SINCE THE LAST RENEWAL OF YOUR MAINE LICENSE:

Please read the following questions thoroughly before you answer to make sure your answers are correct.

- A. Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? YES NO
- B. Is there any complaint pending against your license in any state or jurisdiction including Canadian and foreign jurisdictions? YES NO
- C. Have you been disciplined for problems resulting from a physical illness or condition? YES NO
- D. Have you been disciplined for problems resulting from mental illness? YES NO
- E. Are you currently participating in a substance abuse and/or alcohol or drug treatment program or have been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? YES NO
- F. Have you been disciplined for problems resulting from chemical dependency? YES NO
- G. For any criminal offense, including those pending appeal, have you: *(please select below all that apply)* YES NO
- a. Been convicted of a misdemeanor?
 - b. Been convicted of a felony?
 - c. Pled nolo contendere, no contest, or guilty?
 - d. Received deferred adjudication?
 - e. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - f. Been sentenced to serve jail or prison time? Court ordered confinement?
 - g. Been granted pre-trial diversion?
 - h. Been arrested or have any pending criminal charges?
 - i. Been **cited** or charged with any violation of the law? *(other than parking tickets and/or traffic violations)*
 - j. Been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?
- H. Are you currently the target or subject of a grand jury or government agency investigation? YES NO

NOTE: If you answered “YES” to questions A-G listed above, attach a letter of explanation that is dated and signed indicating the circumstances you are reporting to the Board. If you answered “YES” to questions G or H, you must also attach the document(s) showing the disposition of the case(s).

DECLARATION OF PRIMARY RESIDENCE

A. I declare that the State of _____ (state) is my primary state of residence as of _____ (date) and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a persons declared fixed permanent and principal home for legal purposed; domicile.)

B. Are you using your Maine multi-state privilege (Compact) to practice in another Compact state?

YES NO If yes, which Compact state _____

C. Are you in the Military? YES NO

D. Do you work for the Federal Government? YES NO

Please verify your name, address(es), telephone(s), and email below:

NAME**:	FIRST	FULL MIDDLE OR N/A	LAST
Home Phone #:			Work Phone #:
Cell Phone #:			Email Address:

The mailing address is considered your public address.

Mailing Address:		
City:	State:	Zip:
Residential Address:		
City:	State:	Zip:

Signature: _____ Date: _____

***Due to identity theft and fraudulent procurement of license, if you marry or divorce and/or which to change your name, you MUST submit evidence from a court of law (legal document) that your name has been legally changed.*