

Date Received

MAINE STATE BOARD OF NURSING 158
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Office Use Only
Check #: _____
Amount: _____
Issue Date: _____

**ADVANCED PRACTICE REGISTERED NURSE LICENSE
 NURSE PRACTITIONER
 REACTIVATION APPLICATION
 REACTIVATION FEE: \$100.00**

NAME:	FIRST	FULL MIDDLE OR N/A	LAST	LICENSE NUMBER:
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<u>PAYMENT OPTIONS</u>			
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	FIRST	FULL MIDDLE OR N/A	LAST
(please print)			
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 REACTIVATE: RETURN COMPLETED APPLICATION (SIGNED AND QUESTIONS ANSWERED) WITH PAYMENT.

- Have you met the **75 contact hour** requirement of APRN continuing education in the past **two** years?
 Specialty _____ YES NO
 Specialty _____ YES NO
- 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 separate letter of explication**

3. Have you met the practice requirement of your national certification? YES NO
4. Have you prescribed in the last two years?
Narcotics _____ YES NO
Non Narcotics _____ YES NO
5. 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 (including, but not limited to, the Maine State Board of YES NO Nursing) 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?
- B. Is there **any** complaint pending against your license in any state or jurisdiction, YES NO including, but not limited to, Maine and Canadian and foreign jurisdictions?
- 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 YES NO 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?
- 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* YES NO *below all that apply*)
- 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:		

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

The mailing address is considered your public address.

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

By my signature, I the undersigned, being duly sworn, say that I am the person referred to in this application for reactivation of licensure and hereby certify that the information provided on this application is true and accurate. By submitting this application, I affirm that I have complied with all requirements of the law, and that I have read and understand this affidavit and that the Maine State Board of Nursing will rely on this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension, or revocation of my license if this information is found to be false. Electronic Signatures WILL NOT be accepted.

Signature: _____ Date: _____