



STATE OF MAINE  
 BOARD OF NURSING  
 158 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0158

PAUL R. LEPAGE  
 GOVERNOR

KIM ESQUIBEL, PhD, M.S.N., R.N.  
 EXECUTIVE DIRECTOR

**Signature Page**

Name of Applicant: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**By my signature, I the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine 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.\***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*\*Electronic Signatures will not be accepted*



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