



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

DECLARATION OF PRIMARY STATE OF RESIDENCE

Name: _____ Social Security Number: _____ - _____ - _____

Permanent/Residential Address:

 (Apartment #, RR#, Street)

 (City, State, and Zip Code)

Mailing address: (If same as above check here _____)

 (PO Box, Apartment #, RR#, Street)

 (City, State, and Zip Code)

Telephone Number: _____ Email address: _____

() Yes () No Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?

In accordance with Section 400 §402(4) of the enhanced Nurse Licensure Compact Final Rules, I declare that the State of _____** is my primary state of residence and is my legal state of residence as of _____ (date).

****If you have declared Maine as your primary state of residence, a criminal background check (CBC) must be completed through the Maine Department of Public Safety (DPS) and the FBI based on a set of fingerprints provided to Identigo. Register for fingerprinting online at <https://me.ibtfingerprint.com/>. If you do not register you will not be able to have your fingerprints taken. There is a one-time \$52 fee for this process.**

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Providing false or misleading information may result in disciplinary action by the Board.

 (Signature)

 (Date)

 (Print Name)



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