



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
CONTROLLED SUBSTANCE PRESCRIPTIVE
AUTHORITY APPLICATION

MAILING ADDRESS:
 STATE BOARD OF NURSING
 PO BOX 656
 JEFFERSON CITY, MO 65102-0656
 (573) 751-0073
 Email: nursingpractice@pr.mo.gov
 Website: <http://pr.mo.gov/nursing.asp>

DELIVERY ADDRESS:
 3605 MISSOURI
 BOULEVARD
 JEFFERSON CITY, MO 65109

INSTRUCTIONS

Please complete the application below. Do not leave any blanks. If something is not applicable, please draw a line through the space.

PERSONAL INFORMATION

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)		PREVIOUS OR OTHER NAME(S)	
PRIMARY RESIDENCE (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVERS LICENSE) – PHYSICAL ADDRESS REQUIRED, PO BOXES ARE NOT ACCEPTABLE			
CITY	STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE) STREET OR PO BOX			
CITY	STATE	ZIP	
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	DATE OF BIRTH MONTH	DAY	YEAR
INTERNET E-MAIL ADDRESS	TELEPHONE NUMBER – HOME/CELL	TELEPHONE NUMBER – WORK	
MISSOURI REGISTERED NURSE LICENSE NUMBER OR STATE OF RESIDENCE COMPACT/MULTI-STATE LICENSE NUMBER		MISSOURI APRN DOCUMENT OF RECOGNITION NUMBER	

AFFIRMATION

I solemnly declare and affirm that I am the person who is referred to in the foregoing controlled substance prescriptive authority application; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

SIGNATURE	DATE
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