



**Mississippi
Nurses Foundation**
Nurses Touch Lives

Application

Approved Provider
of Continuing Education in Nursing

Submit **five (5) bound copies** of the self-study in narrative form documenting compliance with the 2008 American Nurses Credentialing Center's Commission on Accreditation criteria. The application fee of **\$1,500** must be enclosed with the application.

Application Date: _____ \$1,500 Fee enclosed: _____

Choose one: _____ New _____ Renewal

Organization

Address

City

State

Zip

Person responsible for application:

Name

Title

Credentials

Office Phone

Fax

Email

“The Mississippi Nurses Foundation, Inc. is accredited as an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

Mississippi Nurses Foundation

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