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

JANET T. MILLS
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:_____