

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

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

## DECLARATION OF PRIMARY STATE OF RESIDENCE FORM

Primary State of Residence is the state in which you are domiciled, and where you can prove you legally and permanently reside; there can only be one PSOR. It is where you hold a driver's license, vote, the state you declare on federal tax filings, etc. It does not pertain to property ownership, schooling location, or work location.

NAME:			
NAME:	First Name Middle Initial - DATE OF BIRTH: / /		
TELEPHONE NUMBER: (	EMAIL ADDRESS:		
CHECK ONLY ONE OF THE FOLLOWING OPTI	IONS.		
I declare <b>Maine</b> as my primary state of residence and			
➤ If you have never previously declared Maine as your legal state, you are required to complete a Criminal Background Check.  Follow the instructions located here: How to Obtain a Criminal Background Check for Maine State Board of Nursing.  I declare a state/ country/province that does not participate in the Nurse Licensure Compact as my primary state of residence. I			
			nsure (single-state). My legal residence is:
			icensure Compact as my primary state of residence, which is the state of
I understar	nd that I am not eligible for licensure in Maine until I relocate there,		
declare Maine as my primary state of residence, and my proof of residence is approved by Maine State Board of Nursing.			
		Are you currently employed in the U.S. Military (Active Duty) or with the U.S. Federal Government?  Yes  No	
	Yes No		
Answer on Internetional Stude	and that anymenths holds on F.1 M.1 on I.1 Vice?		
	ent that currently holds an F-1, M-1, or J-1 Visa? Yes No		
PERMANENT/RESIDENTIAL ADDRESS:			
	Street, Apartment #, RR #		
Cit	ty, State, Zip Code		
MAILING ADDRESS: (If same as above, check here:			
	reet, Apartment #, RR#		
Sir	reet, Abartment #, RR#		
Cit	ty, State, Zip Code		
Cit	•		
I understand that no one else may submit this form on m	ty, State, Zip Code  ny behalf. I attest that the information contained herein is true and accurate		
I understand that no one else may submit this form on m to the best of my knowledge. Further, I understand that	ty, State, Zip Code		
I understand that no one else may submit this form on m to the best of my knowledge. Further, I understand that Sta	ty, State, Zip Code  ny behalf. I attest that the information contained herein is true and accurate providing false information may result in disciplinary action by the Maine atte Board of Nursing.		
I understand that no one else may submit this form on m to the best of my knowledge. Further, I understand that	ty, State, Zip Code  ny behalf. I attest that the information contained herein is true and accurate providing false information may result in disciplinary action by the Maine atte Board of Nursing.		

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PHONE: (207)287-1133

FAX: (207)287-1149