



NMI BOARD OF NURSING

P. O. Box 501458, CK

Saipan, MP 96950

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APPLICANT'S CHECKLIST FOR GRADUATE NURSE PERMIT

1. _____ **Official Transcript –**

_____ **Nursing Program.** This document must include the clinical theories and practicum hours and must show that the five nursing areas such as medical, surgical, psychiatric, obstetric and pediatric are all covered. Document must be an official documentation with the school's seal or authentication stamp(s) affixed. If a copy is being submitted, the school's certifying authority must sign the copy being submitted and document presented to the Board must bear the original signature.

2. _____ **Birth Certificate and Marriage Certificate** if name is different from the birth certificate. This document must be clear and legible. Amendments must be attached if applicable.

3. _____ **Pictures.** Upload an original U.S. passport type (2"x2" size) photo with white background taken within the past 6 months and must have a visible signature on the front bottom portion of the photo. Colored background will NOT be accepted.

4. _____ **Fee(s).** A non-refundable fee of **\$80.00**.

NOTE: This document must be submitted within 90 days after graduation from a nursing program. Interim Permit issued to the applicant expires one (1) year from the date of graduation.