



# Application for Endorsement of RN/LPN License

4140 Patterson Avenue  
Baltimore, MD 21215  
410-585-1900  
TDD For Disabled  
Maryland Relay Service  
1-800-735-2258

**Instructions:**  
Write answers in ALL CAPS  
Use black or blue ink.  
Answer ALL questions completely and accurately.

**1. License Type:**

RN  LPN

**3. Advanced Practice Type:**

CRNA  CRNP-Adult  CRNP-Neonatal  CRNP-School Nurse  
 CRNM  CRNP-Family  CRNP-OB/Gyn  CRNP-Acute Care  
 CS-P  CRNP-Geriatric  CRNP-Pediatrics

**2. Temporary License Requested:**

Yes  No

Be sure to enclose proof of current national certification.

## Personal Profile

**4. Last Name:**

**5. Sex:**

Male  
 Female

**6. Date of Birth:**

     

**7. First Name and Middle Initial:**

**8. Marital Status:**

Single  
 Married  
 Separated  
 Divorced  
 Widowed

**9. Race:**

Caucasian  
 African American  
 Native American  
 Asian  
 Hispanic  
 Other

**10. Maiden Name:**

**11. Address:**

**12a. Apt. Number (Indicate APT in first three boxes):**

OR

**12b. C/O (Indicate C/O in first three boxes):**

**13. City:**

**14. State:**

**15. County:**

**16. Zip Code:**

**17. Country:**

**19. Home Phone:**

**20. Work Phone:**

**Discipline 21. Have you ever been convicted of or plead guilty or nolo contendere (this includes a guilty plea for which a PBJ was received):**

to a misdemeanor?  Yes  No  
to a felony?  Yes  No  
or had any disciplinary action taken against your license in any state?  Yes  No

If you answered YES to any of the questions above, a complete explanation and court documents showing the OUTCOME of your case(s) must be submitted for review. Your application is not complete until these documents are submitted.

## Employment

**22. I have practiced nursing at least 1,000 hours in the last five years or am a new graduate.**  Yes  No  
**23. State in which you are licensed by Examination (use postal abbreviation):**   
**24. Have you ever had a Maryland license?**  Yes  No  
**25. Indicate other states where you are licensed (active or inactive):**

## Education

**26. Type of basic nursing education program:**  Associate Degree  Baccalaureate in Nursing  
 Diploma  LPN Certification

**28. The year of graduation from your basic education program:**

**29. US Educated:**  Yes  No

**27. Nursing Education:**

Name of School:		
Year of Graduation:	City	State

**30. High School Education:**

Name of School:		
Year of Graduation:	City	State

**Professional Experience**

31. Current place of employment in Maryland:

Date of Employment:

Name and Location of institution:

32. Recent nursing experience outside of Maryland:

Date of Service:

Name and Location of institution:

**Signature**

I affirm that the contents of this document are true and correct to the best of my knowledge and belief.

Failure to provide accurate information may result in denial of licensure.

SIGNATURE (REQUIRED):

DATE:

Make check or money order payable to the Maryland Board of Nursing.  
Cash cannot be accepted.  
If the application is not completed within one (1) year the application will be destroyed and a new application must be filed and another fee paid.

**FEE IS NOT REFUNDABLE**

This space to contain a recent passport type full face photograph of applicant.

Photograph must be securely taped in place.

Newspaper photograph, etc., not acceptable.

**PLEASE DO NOT STAPLE**



# Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**AFFIDAVIT FOR LICENSURE/CERTIFICATION  
PURSUANT TO § 10-119.3(B)(3)(I)(2) OF THE FAMILY LAW ARTICLE,  
ANNOTATED CODE OF MARYLAND**

**Instructions:** This affidavit is for applicants who do not have a social security number or individual tax identification number to provide on their application for licensure or certification. Please complete this affidavit and submit it along with the appropriate paper application to the Board.

I, \_\_\_\_\_, born on \_\_\_\_\_, hereby  
*Print full legal name* *mm/dd/yyyy*

attest that I do not have a social security number.

By my signature below, I solemnly affirm, under the penalties of perjury, that the contents of this document are true to the best of my knowledge, information, and belief. I further understand that providing false information to the Board may result in the denial of licensure or certification or discipline against my license or certificate in the future, which may include a reprimand, probation, suspension, revocation, and/or a monetary penalty.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*