



Notification of Existing Board of Nursing Order

The licensee asking you to complete this form is currently under the conditions and terms of a Board of Nursing Order. A Compliance Case Manager with the Maryland Board of Nursing is monitoring the licensee’s compliance with the Order. Please complete this form and return it to the Board via mail, email or fax.

ATTN: Compliance Division
Karen L. Hatwood, 410-585-2040
Janet McIntyre, 410-585-1933
Fax: 410-358-1974
Email Address: mbon.nursingdiscipline@maryland.gov

THIS FORM MUST BE SUBMITTED BY THE EMPLOYER OR SUPERVISOR.

Licensee Name

Licensee Signature

Date Requested

TO BE COMPLETED BY THE WORKSITE MONITOR/SUPERVISOR

Name of Person
Notified
Signature of **Person**
Notified

- **Did the licensee inform you of the Board’s Order, or Consent Order?**
 Yes No If yes, when were you notified?
- **Did the licensee provide you with a complete copy of the Board’s Order, including all *Findings of Fact* and the Board’s action?**
 Yes No If yes, when were you notified?
- **Do you agree to complete required monthly / quarterly reports, if appropriate?**
 Yes No

Date
Telephone
Role of Person
Notified
Title of Person
Notified
Agency or Facility

Address

City/State/Zip

If you answered “No” to either of the above questions, please contact the Compliance Case Managers immediately at the Board of Nursing at 410-585-2040. **Please feel free to add any comments you wish to the back of this form.**