



Board of Nursing

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

APPLICATION FOR RECOGNITION OF OUT-OF-STATE LICENSURE OR CERTIFICATION PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333)

COMPLETE THIS APPLICATION **ONLY IF YOU ARE A NURSE/ADVANCED PRACTICE NURSE/ALLIED NURSING PROFESSIONAL** (defined below) WHO IS PRESENTLY A SERVICEMEMBER (defined below) OR THE SPOUSE OF A SERVICEMEMBER AND:

- (1) YOU HAVE A LICENSE OR CERTIFICATE TO PRACTICE AS A NURSE/ADVANCED PRACTICE NURSE/ALLIED NURSING PROFESSIONAL IN ANY STATE OTHER THAN MARYLAND;
- (2) FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES ONLY – YOU DO NOT HOLD A MULTISTATE RN OR LPN LICENSE FROM YOUR HOME STATE UNDER THE NURSE LICENSURE COMPACT;
- (3) YOUR OUT-OF-STATE LICENSE(S) OR CERTIFICATE(S) IS IN GOOD STANDING;
- (4) YOU HAVE RELOCATED YOUR RESIDENCY TO MARYLAND PURSUANT TO MILITARY ORDERS FOR MILITARY SERVICE IN MARYLAND;
- (5) YOU HAVE ACTIVELY USED YOUR LICENSE(S) OR CERTIFICATE(S) DURING THE TWO (2) YEARS IMMEDIATELY PRECEDING YOUR MILITARY RELOCATION TO MARYLAND; AND
- (6) YOU SEEK RECOGNITION TO PRACTICE NURSING/ADVANCED PRACTICE NURSING/ALLIED NURSING THAT IS EFFECTIVE ONLY DURING THE PENDENCY OF YOUR OR YOUR SPOUSE'S MILITARY SERVICE IN MARYLAND.

Please be advised that this is NOT an application for permanent licensure or certification in the State of Maryland. Rather, this is an application for a letter of recognition that will allow you to practice in Maryland without obtaining licensure, while you or your spouse are under military orders for military service in Maryland, provided you meet all requirements under the Veterans Auto and Education Improvement Act of 2022 (the "Act"). There is no fee associated with this application.

IF YOU SEEK A MARYLAND NURSING/ADVANCED PRACTICE NURSING/ALLIED NURSING LICENSE OR CERTIFICATE THAT DOES NOT EXPIRE WHEN YOUR OR YOUR SPOUSE'S MARYLAND MILITARY ORDERS EXPIRE, DO NOT COMPLETE THIS APPLICATION. INSTEAD, COMPLETE THE APPLICATION FOR PERMANENT LICENSURE/CERTIFICATION BY EXAMINATION OR PERMANENT LICENSURE/CERTIFICATION BY ENDORSEMENT, WHICHEVER IS APPROPRIATE. THERE IS A FEE ASSOCIATED WITH THOSE APPLICATIONS.

Please note the following:

“Allied nursing professional” includes the following regulated professions: certified nursing assistant, geriatric nursing assistant, certified nurse aide, certified medication technician, certified medicine aide, certified dialysis technician, licensed certified midwife, licensed direct-entry midwife, and licensed electrologist.

“Good Standing” means a license or certificate that authorizes an individual to engage in the full and unrestricted practice of nursing, advanced practice nursing, or allied nursing.

“Nurse Specialist” means a licensed practical nurse or registered nurse that has completed additional education and training and is authorized to practice in an area of specialty, such as workers’ compensation medical case management, forensic examination (or its equivalent), cosmetics, or infusion therapy.

“Servicemember” is defined as a member of the “uniformed services.” “Uniformed services” means: (a) the armed forces; (b) the commissioned corps of the National Oceanic and Atmospheric Administration; and (c) the commissioned corps of the Public Health Service. “Armed forces” is defined as “Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard.”

“Spouse” is defined as “husband or wife, as the case may be.”

“Reside in the State of Maryland” is defined as Maryland being “the site of your or your spouse’s duty station.”

SECTION I – GENERAL INFORMATION

Upon reading the above-listed definitions, I certify that I am presently a:

Servicemember: Yes No **Spouse of a Servicemember:** Yes No

Please check the category of recognition that you are seeking:

- Licensed Practical Nurse Registered Nurse Advanced Practice Registered Nurse
- Certified Nursing Assistant Geriatric Nursing Assistant (A/K/A Certified Nurse Aide)
- Certified Medicine Aide Certified Medication Technician
- Certified Dialysis Technician Licensed Certified Midwife
- Licensed Direct-Entry Midwife Licensed Electrologist

Name: _____
First Middle Initial Last

Home Address: _____

Business Address: _____

Telephone Numbers: HOME (____) _____ WORK (____) _____ CELL (____) _____

Email Address: _____

Social Security Number: _____

Birthdate: _____

Gender Identification: _____ Female _____ Male _____ Other _____ Prefer not to answer

Race: Are you of Hispanic or Latino Origin? ____ Yes ____ No ____ Prefer not to answer

(Please check all applicable, for statistical purposes only)

1 – White 2 – Black or African American 3 – American Indian or Alaska Native 4 – Asian

5 – Native Hawaiian or other Pacific Islander 6 – Other _____

Licensure or certification in other states: List each state or jurisdiction in which you hold a license or certificate. Include the license or certificate number(s), expiration date, and the type of license or certificate.

_____ STS
STATE LICENSE/CERTIFICATE NO. EXPIRATION TYPE

_____ STS
STATE LICENSE/CERTIFICATE NO. EXPIRATION TYPE

_____ STS
STATE LICENSE/CERTIFICATE NO. EXPIRATION TYPE

Specialty: If you are recognized as a nurse specialist in other state(s) provide the following information:

_____ STATE Specialty Identification No., if applicable

SECTION II—QUALIFICATIONS

You must meet the following qualifications to obtain a Servicemember or Servicemember Spouse Recognition. If you answer “No” to any of the questions in this Section, you are not eligible for Servicemember or Service Member Spouse Recognition under the Act. Other requirements also apply.

- | YES | NO | |
|----------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Are you presently a “servicemember” as defined on page 1? |
| <input type="checkbox"/> * | <input type="checkbox"/> | b. Do you “reside” (as that word is defined on page 1) in Maryland as a result of your military orders?
* If your answer is “Yes,” please attach a copy of your military orders to this application. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Are all of your licenses or certificates that you hold in other states in “good standing”? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Have you actively used your out-of-state licenses or certificates during the two (2) years immediately preceding your relocation to Maryland? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Do you agree to submit to the authority of the Maryland Board of Nursing for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements? |

SECTION III—CHARACTER AND FITNESS

If you answer “YES” to any question(s) in Section III – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | a) Are you presently under a board order in a state other than Maryland? If so, you must enclose a certified legible copy of the entire Order with this application. |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Are there any investigations or charges currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Have you pled guilty, nolo contendere, been convicted or received probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |

YES NO

d) Do you have criminal charges pending against you in any court of law, excluding minor traffic violations?

YES NO

e) Do you have a physical condition that would impair your ability to practice nursing?

YES NO

f) Do you have a mental health condition that would impair your ability to practice nursing?

YES NO

g) Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice nursing?

YES NO

h) Have you illegally used drugs?

YES NO

i) Have you been named as a defendant in a filing or settlement of a malpractice action?

YES NO

j) Has your employment been affected, or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

SECTION IV-- RELEASE AND CERTIFICATION

Practice of nursing without a current licensure or recognition of out-of-state nurse licensure issued by the Maryland State Board of Nursing (the "Board") is a violation of the Maryland Nurse Practice Act. Failure to provide truthful answers may result in disciplinary action.

I agree that the Board may request any information necessary to process my application for Recognition of Out-of-State Nurse Licensure Pursuant to the Veterans Auto and Education Improvement Act of 2022 (PL 117-333) from any person or agency, including but not limited to postgraduate program directors, individual nurses, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board. I agree that I will fully cooperate with any request for information or with any investigation related to my practice as a nurse in the State of Maryland, including the subpoena of documents or records.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address, or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, § 8-316.

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of Maryland, Health Occupations Article, Title 8. Failure to provide the information may result in the denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the **Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333**, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

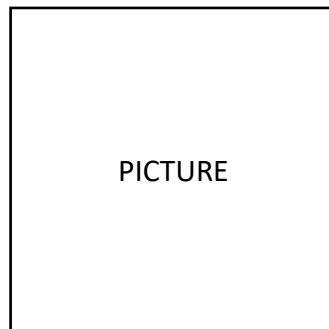
I affirm, under the penalties of perjury, that the contents of this document are true and correct to the best of my knowledge and belief.

Applicant Signature

Date

Maryland State Board of Nursing
4140 Patterson Ave., Baltimore, Maryland 21215 (410) 585-1900

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AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333)



*Please provide (1) **2x2 color photo** with the head centered and sized between 1" and 1.4" This is a true self photo taken in last 2 years to reflect my current appearance. In addition, the photograph is in accordance with the photograph requirements contained in an initial nursing license application.

Print Name _____

Applicant Signature _____ Date _____