



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Initial Application for Dialysis Technician Certification

Dialysis Technician Certification Program

Last Name: _____ First: _____ Middle: _____

Home Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Personal Email Address: _____

Business Address (optional):

Street: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

Business Email Address

(optional): _____

Gender: Male Female Other/ Unspecified (Circle One)

Social Security or Individual Tax ID Number: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Marital Status: Single Married Separated Divorced Widowed (Circle One)

Ethnicity: Are you of Hispanic or Latino origin? (Circle One) YES NO

Race: Multiracial respondents may select all applicable racial categories below:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander

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www.health.maryland.gov/mbon

Interpreter Services are available upon request.

- White / Caucasian

Education:

Name and Location of Training Program:

Date Training Program Completed: _____

****DOCUMENTATION REQUIRED: Attach a copy of your certificate of completion.**

Background:

17. Have you ever been convicted of or pleaded guilty or nolo contendere (this includes a guilty plea for which a PBJ was received) to a misdemeanor?

☐ Yes ☐ No

17A. Have you ever been convicted of or pleaded guilty or nolo contendere (this includes a guilty plea for which a PBJ was received) to a felony?

☐ Yes ☐ No

17B. Has there ever been any disciplinary action taken against your license or certificate issued in any state, including Maryland:

☐ Yes ☐ No

If you answered "Yes" to any of the previous questions, you must submit the following:

For Questions 17 and, 17A:

- A detailed letter of explanation, including the circumstances surrounding the crime, the date of your conviction or plea, the crime of which you were convicted or to which you pled guilty, your sentence, if and when you completed your sentence, and any other information you would like the Board to consider, such as subsequent work history, what you have learned, etc.; **AND**
- Court certified or true-test copies of court documents regarding the facts and circumstances of the crime, your plea(s) or the disposition of your charge(s) , the sentence imposed, and current status of your sentence (*i.e.*, all fines paid in full, completion letter from Parole/Probation Officer, etc.), or a letter/form from the court indicating that no records are available. Examples

of court documents that show facts and circumstances surrounding the crime include statement of probable cause/application for statement of charges, arrest affidavit, or plea agreement; **AND**

- c. Two character reference letters, one personal and one professional; **and**

For Question 17B:

- a. A detailed letter of explanation; AND
- b. Official copies of any documentation/orders issued by a regulatory body regarding the denial or discipline of any application. License, certificate, permit, or other privilege to practice any health care occupation, or any documentation regarding non-disciplinary probation, monitoring, practice remediation, or other similar program.

Signature:

I hereby apply for certification as a dialysis technician in Maryland in accordance with the Maryland Nurse Practice Act and its accompanying regulations.

I affirm that the contents of this application and any documentation submitted with this application are true and complete to the best of my knowledge, information, and belief.

I understand that providing any false or misleading information on my application or accompanying documentation may result in disciplinary action by the Board, including denial of certification or reprimand, probation, suspension, revocation, and/or monetary penalty.

Signature:

Date:

**This space is to
contain a RECENT
FULL FACE 2 inch by
2 inch photograph
of applicant.**

**Photograph must be
TAPED in place.**

Training Program Certification:

This section must be completed by the administrator or faculty of your Dialysis Technician Program:

It is hereby certified that _____
(Applicant's Name)
has successfully completed the Dialysis Technician Training Program of _____
(Name of Institution)
located in _____ on _____
(City, State) (Date of Completion)

It is further certified that the program was approved by the Board of Nursing at the time the above- named applicant completed the program, that the applicant demonstrated an oral competence in the English language, and that the applicant's academic and professional standing the program was satisfactory to the officers of this school.

Instructor Signature: _____ Date: _____
