



Board of Nursing

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

Endorsement Application for Nursing Assistant Certification

Nursing Assistant 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: _____

Gender: Male Female Other/ Unspecified (Check One)

Social Security or Individual Tax ID Number: _____

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

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

Ethnicity: Are you of Hispanic or Latino origin? (Check 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
- White / Caucasian

4140 Patterson Avenue - Baltimore, Maryland 21215-2254

Toll Free: 1 (888) 202 – 9861 • Phone: (410) 585 – 1900 • TTY/TDD: 1 (800) 735 – 2258

www.health.maryland.gov/mbon

Interpreter Services are available upon request.

Education:

Name and Location of Training Program: _____

Date Training Program Completed: _____

Background:

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

___ Yes ___ No

2. Have you ever been convicted of or pleaded guilty or nolo contendere (this includes a guilty plea for which probation before judgment was received) to a felony?

___ Yes ___ No

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

___ Yes ___ No

4. Do you have any record of abuse, neglect, or misappropriation of client's property?

___ Yes ___ No

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

For Questions 1 and 2:

- a. 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**

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

For Question 3:

- 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.

For Question 4:

- a. A detailed letter of explanation; AND
- b. Official copies of any documentation/orders related to the abuse, neglect, or misappropriation of a client's property.

Certification:

5. Do you hold an active certificate in good standing to practice as a nursing assistant in another state or territory of the United States? ___ Yes ___ No

If you answered yes, which state: _____

Provide a copy of the current certificate.

6. Do you hold certificates to practice as a nursing assistant in any other state or territory of the United States not listed above? ___ Yes ___ No

Please provide a copy of each certificate.

Practice Requirements:

7. Have you practiced as a nursing assistant 16 hours in the last two years?

Yes No

I hereby apply for certification as a nursing assistant 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.