



Board of Nursing

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

Initial Application for CNA-I 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 (optional): _____

Business Email Address

(optional): _____

Gender: Male Female Other/ Unspecified (Select One)

Social Security or Individual Tax ID Number: _____

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

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

Ethnicity: Are you of Hispanic or Latino origin? (Select 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

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www.health.maryland.gov/mbon

Interpreter Services are available upon request.

Education:

1. Did you successfully complete a nursing assistant training program or acute care nursing assistant training program within the last 24 months? ___ Yes ___ No

If you answered yes, complete the following:

Name and Location of Nursing Assistant Training Program/Acute Care Nursing Assistant Nursing Training Program:

Date Training Program Completed: _____

****DOCUMENTATION REQUIRED: Attach a copy of your certificate of completion. In addition, have the last page of this application completed by the program coordinator or faculty of the training program you completed.**

2. Did you complete a portion of an approved nursing education program that meets the requirements of a nursing assistant training program set by the Board within the last 24 months? ___ Yes ___ No

If you answered yes, complete the following:

Name and Location of Nursing Education Program:

Date Portion of Nursing Education Program Was Completed: _____

****DOCUMENTATION REQUIRED:**

- For nursing students and graduates educated in the United States, order and email an official transcript from Parchment or Clearing House demonstrating successful completion of a portion of an approved nursing education program that meets the requirements of a nursing assistant training program approved by the Board to: mbon.cnatranscripts@maryland.gov
- For foreign-educated nursing graduates, arrange for a Board-approved vendor (currently TruMerit) to evaluate your foreign transcript and submit a copy of that evaluation to the Board to mdbon.nbexam@maryland.gov

3. Did you successfully complete service member training and education that is substantially equivalent to a nursing assistant training program approved by the Board? ___ Yes ___ No

****DOCUMENTATION REQUIRED: Attach documentation demonstrating successful completion of service member training and education that is substantially equivalent to a nursing assistant training program approved by the Board.**

Background:

4. 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

5. 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

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

___ Yes ___ No

7. 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 4 and 5:

- 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; **AND**

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

For Question 6:

- 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 7:

- 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.

Signature:

I hereby apply for certification as a certified 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.**

Training Program Certification:

This section must be completed by the program coordinator or faculty of your training program.

It is hereby certified that _____
(Applicant's Name)

has successfully completed the Nursing Assistant Training Program or Acute Care Nursing Assistant Training

Program of _____
(Name of Institution)

located in _____ on _____
(City, State) (Date of Completion)

in accordance with COMAR 10.39.02.07B.

Program Coordinator/Faculty: _____ Date: _____
