



Board of Nursing

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

Renewal Application for Nursing Assistant Certification

Nursing Assistant Certification Program

Certificate Number: _____

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 (Select One)

Social Security or Individual Tax ID Number: _____

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

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

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

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.

Renewal Requirements:

1. Have you actively practiced 16 hours as a nursing assistant, for compensation within the last two years?
 Yes No

CNA-I: If you answer “no,” to question 1, you must successfully complete and pass a Board-approved nursing assistant competency evaluation.

CNA-II: If you answer “no,” to question 1, you must successfully complete a Board-approved nursing assistant training program.

2. Question number 1 must be answered prior to completing this section.

A. Certified Medicine Aide only:

Have you practiced 100 hours as a Certified Medicine Aide in the last two years:
 Yes No

Have you completed the required 8-hour continuing education program in the last ninety (90) days?
 Yes No

Certification/Work Information:

3. Please list the other states where you are certified as nursing assistant (Active or Inactive):

4. Please list the places where you work:
If you are employed, fill in the codes for all the places of employment, with your primary (if any) employment listed first.

Background:

5. 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 Since your last renewal? Yes No

6. 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 Since your last renewal? ____ Yes ____ No

7. Has there been a disciplinary action taken against your license or certificate issued in any state, including Maryland?

____ Yes ____ No Since your last renewal? ____ Yes ____

If you answered “yes” to any of the above “since your last renewal” questions, you must submit the following:

For Questions 5 and 6:

- 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.

For Question 7:

- a. A detailed letter of explanation; **AND**
- b. Official copies of any documentation, including disciplinary 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.

Attestation of Completing the Implicit Bias Training Program

A certificate renewer is required to answer the following question only if this is your first renewal after April 1, 2022, otherwise please leave it blank.

_____ I attest that I have completed an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program under §20-1306 of the Health--General Article.

Attestation of Completing the Structural Racism Training Program

A certificate renewer is required to answer the following question only if this is your first renewal after April 1, 2026, otherwise please leave it blank.

_____ I attest that I have completed a structural racism training program approved by the Office of Minority Health and Health Disparities (MHHD) under §20–1306 of the Health-General Article.

I hereby apply for renewal of my 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 reprimand, probation, suspension, revocation, and/or a monetary penalty.

Signature : _____ **Date:**_____