



Board of Nursing

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

Hello APRN Nurses,

You are receiving this notice because it is time to renew your license. Within this envelope you will find the following:

- Renewal Application
- Additional Application Question
- Implicit Bias Attestation
- Change of Address Form (**Complete this form ONLY if your address has changed and needs to be updated in our system.**)
- Primary State of Residency Form (**Complete this form ONLY if you have changed compact states**)
- Background Check Form (**Will be included ONLY IF REQUIRED. If you are not required to complete a background check the forms will NOT be enclosed.**)
- WCCM Verification of Practice (**Will be included ONLY IF THIS IS YOUR SPECIALTY**)
- Forensic Nurse Examiner Reinstatement Verification (**Will be included ONLY IF THIS IS YOUR SPECIALTY**)
- Fee Sheet
- Renewal Checklist

Your application can only be submitted to the office by mail or drop off. Once your application is received in the office our processing time is 1-14 business days. The time may vary depending on changes in volume and unforeseen events. If you have any questions or concerns, please contact the Renewals Department via email at mbon.nurselicenserenewal@maryland.gov.

Sincerely,

The Renewals Department

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.