MARYLAND BOARD OF NURSING
APPLICATION FOR INITIAL CERTIFICATION
REGISTERED NURSE – FORENSIC NURSE EXAMINER

I hereby make application for certification as a Registered Nurse – Forensic Nurse Examiner in the State of Maryland in accordance with the Maryland Annotated Code, Health Occupations Article, Section 8-205 and the Regulations Governing the practice of a Registered Nurse – Forensic Nurse Examiner (10.27.21) and submit the following evidence of my qualifications for certification:

1. Personal Information **Non-Refundable Fee: $25.00 (check or money order)**

Name: _____
(Last) (First) (Middle or Maiden)

Address: _____
(Number and Street)

_____
(City) (State) (Zip Code)

Phone: (_____) _____ **RN License#** _____

Email: _____

Social Security Number: _____ **Date of Birth:** _____

2. Work Experience

I meet the requirement of 18 months continuous clinical experience as a Registered Nurse.

Yes_____ **No** _____

3. Board Approved Registered Nurse – Forensic Nurse Examiner Education Program

_____

(Name of Education Provider)

_____

(Address)

Course length in hours:_____ **Date completed:** _____

Number of hours: Pediatric client_____ **Number of hours: Adult client** _____

Were the hours equally distributed between didactic and clinical for each? Yes_____ **No** _____

If No, explain: _____

4. Endorsement from Another State or Living in a Compact State

To be completed by the licensee:

Sexual Assault Forensic Examiner program which included both didactic and clinical.

_____

(Name of Education Provider)

_____

(Address)

Date completed: _____

The course of study contained both didactic and clinical: Yes_____ **No** _____

Attach copy of certificate of successful completion and copy of curriculum if course taught outside of Maryland.

DISCIPLINE: HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY OR NOLO CONTENDERE (THIS INCLUDES A GUILTY PLEA FOR WHICH A PBJ WAS RECEIVED):

TO A MISDEMEANOR?	☐	**YES**	☐	**NO**
TO A FELONY?	☐	**YES**	☐	**NO**
OR HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOUR LICENSE IN ANY STATE?	☐	**YES**	☐	**NO**

I (TYPE LEGAL NAME) _____ **hereby declare and affirm that all information I have provided on this form is true and complete to the best of my knowledge, information, and belief. (Providing false or misleading information may result in disciplinary action by the Board.)**

SIGNATURE:	**DATE:**

BACKGROUND

1. Have you ever pleaded guilty or nolo contendere (i.e., "no contest") to (this includes a guilty plea for which probation before judgment was received), or ever been convicted of any criminal act (excluding minor traffic violations)?
☐ Yes ☐ No

2.Have you ever been convicted of or pled guilty to, in any civil, administrative, or criminal proceeding, the possession, use, manufacture, distribution, or diversion of controlled substances or prescription drugs?
☐ Yes ☐ No

3. Have you ever had any application, license, certificate, permit or other privilege to practice any health care occupation:

a. Denied?
☐ Yes ☐ No

b. Disciplined, including, but not limited to, reprimand, censure, fine, surrender, probation, suspension, or revocation?
☐ Yes ☐ No

4. With respect to any application, license, certificate, permit or other privilege to practice any health care occupation, have you ever been placed in a non-disciplinary probation, monitoring, practice remediation, or other similar program?
☐ Yes ☐ No

For Questions 2 and 3:

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 another similar program.

5. Have you ever surrendered or allowed your license/certificate to lapse while under investigation by any licensing or disciplinary board or any jurisdiction, 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. 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 17D: A detailed letter of explanation.

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. I acknowledge that providing false or misleading information may result in disciplinary action by the Board.

_____ _____

Signature Date

DECLARATION OF RESIDENCE FOR EXPANDED ROLES

PLEASE RETURN COMPLETED FORM WITH YOUR ORIGINAL SIGNATURE TO THE MARYLAND BOARD OF NURSING

NAME: _____

ADDRESS: _____

CITY: _____

(CURRENT MAILING ADDRESS)

STATE: _____ **ZIPCODE:** _____

RN LICENSE NUMBER: _____ **ISSUING STATE:** _____

I DECLARE THAT _____ IS MY LEGAL STATE OF RESIDENCE
(STATE)

_____
ORIGINAL SIGNATURE AND DATE

ENCLOSE A COPY OF YOUR STATE ISSUED DRIVER'S LICENSE OR ID FOR PROOF OF RESIDENCY

YOUR ID MUST MATCH THE STATE YOU DECLARE AS YOUR PRIMARY STATE OF RESIDENCE.

IF YOU ARE MILITARY OR A MILITARY SPOUSE, PLEASE ALSO INCLUDE A COPY OF YOUR MILITARY 2058 FORM FOR PROOF OF RESIDENCE.

MAIL TO:
MARYLAND BOARD OF NURSING
4140 PATTERSON AVE
BALTIMORE, MD 21215