

STATE OF MARYLAND



MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2254

(410) 585-1900 (410) 358-3530 FAX
(410) 585-1978 AUTOMATED VERIFICATION
1-888-202-9861 TOLL FREE

INFORMATION REQUIRED FOR FORENSIC NURSE EXAMINER PROGRAM

The Board of Nursing must review and approve an applicant's Forensic Nurse Examiner educational program prior to issuing a Forensic Nurse Examiner certification to practice in Maryland. The program approval process is associated with Maryland Regulation 10.27.21.01-.09 (Registered Nurse-Forensic Nurse Examiner).

The answers to the following questions will assist the Board's review of your Forensic Nurse Examiner program. Please include appropriate documentation to support the information you submit.

ANSWER THE FOLLOWING QUESTIONS:
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NAME AND FULL ADDRESS OF FORENSIC NURSE PROGRAM	
PROGRAM EDUCATOR, NAME, TITLE, TELEPHONE NUMBER AND E-MAIL:	
Does the program include both FNE-A and FNE-P components?	
PROGRAM:	<input type="checkbox"/> Classroom <input type="checkbox"/> Online
DATE OF PROGRAM OPERATION:	

ACCREDITATION	
IS THE PROGRAM AFFILIATED WITH OR CONDUCTED BY A MEDICAL, PUBLIC HEALTH NURSING OR NURSING FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

WHAT ARE THE ADMISSION REQUIREMENTS?

ARE THE STUDENTS REGISTERED NURSES WHO HAVE AT LEAST 18 MONTHS OF CONTINUING CLINICAL EXPERIENCE AS A REGISTERED NURSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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SUBMIT A SAMPLE [FULL-TIME] CURRENT PROGRAM OF STUDY FOR THE FNE PROGRAM OR PROGRAMS
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SUBMIT COURSE DESCRIPTIONS FOR THE FNE PROGRAM OR PROGRAMS
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NUMBER OF CLINICAL PRACTICE PROGRAM HOURS		
Hours	Supervisor:	

How are students evaluated in clinical setting?

**FORWARD COMPLETED
APPLICATION BY:**

MAIL: Advanced Practice Unit
 Maryland Board of Nursing
 4140 Patterson Avenue
 Baltimore, MD 21215-2254

OR

EMAIL: mbon.advancedpractice@maryland.gov

