Maryland
DEPARTMENT OF HEALTH

# Board of Nursing

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

## CONVERSION FROM INACTIVE OR VOLUNTEER TO ACTIVE

If you are in a **Non-Renewed** status, please contact the Maryland Board of Nursing for further instructions at Mbon.nurselicenserenewal@maryland.gov.

Name
Address
City State ZIP Code
Social Security Number License Number
Telephone Number

**PLEASE SELECT ONE OF THE FOLLOWING RENEWAL REQUIREMENTS**

| Requirements | Deliverables |
|---|---|
| 1. Have you practiced 1000 hours in the last 5 years and selected "inactive" online in error? | ☐ **YES** - please submit Conversion and Supplemental Renewal Form<br>☐ **NO** - please go to the item #2 |
| 2. Have you completed 30 CEU's in the past 2 years? | ☐ **YES** - please submit a copy of the CEU's completion certificate from an awarded and approved program<br>☐ **NO** - please go to the item #3 |
| 3. Have you completed a Nurse Refresher Course? | ☐ **YES** - please submit a Nurse Refresher Course Certificate<br>☐ **NO** - please contact the MBON at the above email address |

**A CHECK OR MONEY ORDER MADE PAYABLE TO "MARYLAND BOARD OF NURSING" IN THE AMOUNT OF:**

| License Type | Inactive | Volunteer |
|---|---|---|
| **RN** | $131 | $118 |
| **LPN** | $105 | $92 |
| **WCCM, FNE-A/P, CRNA** | $141 | $143 |
| **CRNP** | $156, **ADD $10 for each additional certification** | $128, **ADD $10 for each additional certification** |

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

_____ _____
Signature Date

**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.**