



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, Acting Secretary

DECLARATION OF PRIMARY STATE OF RESIDENCE FOR PURPOSES OF THE NURSE LICENSURE COMPACT

Part I: Licensee/ Certificate- Holder Information

Full Name: _____ License No.: _____
E-mail Address: _____ Phone Number: _____
Current Address: _____
Street/Apartment No. _____

City _____ County _____ State _____ Zip Code _____

Part II: Purpose for filing

Only select one:

- I am applying for a license to practice as a registered nurse, licensed practical, advanced practice or expanded role nurse in Maryland by:
 - Examination Endorsement Renewal Compact License Initial
- I am applying for renewal of my license to practice as a registered nurse or licensed practical nurse in Maryland.
- I am applying for reinstatement of my licenses to practice as a registered nurse or licensed practical nurse in Maryland.
- I am moving to another state.

Part III: Declaration of Primary State of Residence

Only select one declaration:

- I declare that Maryland is my primary state of residence. I am eligible for a Multistate Maryland license under the Compact. Any formerly held license in other Compact states will become Invalid Per Compact.
- I declare that the Compact state of _____ is my primary state of residence. I am not eligible for a multistate Maryland license under the Compact. My formerly held Maryland license will be changed to Invalid Per Compact.
- I declare that the non-compact state or country of _____ is my primary state of residence. I am eligible for a single-state (Maryland ONLY) license only. Any license that I hold in a non-compact state or country will remain valid.
- I declare that Maryland is my primary state of residence, but I am in the military/ military spouse. I changed my address in error being unknowledgeable of the compact rule/policy. I can provide proof of being a Maryland resident.

One or more of the following documents will be required to process the request:

- Driver's license with home address
- Voter's registration card with home address
- Federal income tax return declaring state of residence
- Military Form No. 2058, state of legal residence certificate
- W2 from a federal agency, bureau, or division indicating the declared state of residence

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.