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 foreach? 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.

_____ _____

Signature of Licensee (Required) **Date**

DECLARATION OF RESIDENCE FOR EXPANDED ROLES

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