



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Request for Verification/Letter of Good Standing

Please check the appropriate box:

- Licensed Practical Nurse
- Registered Nurse
- Advance Practice Certification
- Certified Nursing Assistant (including GNA if applicable)
- Other (please specify) _____

Licensee/Certificate Holder Name: _____

License/Certification Number: _____

Social Security Number: _____

Name of requesting Entity/Board: _____

Entity/Board Email Address: _____

Mailing Address: _____

The Maryland Board of Nursing will **email** your verification request to the requesting entity of your choice. There is a \$25.00 fee per request for all verifications. You must submit a separate form and fee for each verification. If the requesting entity will not accept a letter of good standing via email, your request will be mailed.

Please mail your request or bring it to the office with a \$25.00 check or money order payable to:

Maryland Board of Nursing

4140 Patterson Avenue - Baltimore, Maryland 21215-2254
Toll Free: 1 (888) 202 - 9861 • Phone: (410) 585 - 1900 • TTY/TDD: 1 (800) 735 - 2258
Fax: (410) 358 - 3530
www.mbon.maryland.gov