



# Board of Nursing

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

## AFFIDAVIT FOR LICENSURE/CERTIFICATION PURSUANT TO § 10-119.3(B)(3)(I)(2) OF THE FAMILY LAW ARTICLE, ANNOTATED CODE OF MARYLAND

**Instructions:** This affidavit is for applicants who do not have a social security number or individual tax identification number to provide on their application for licensure or certification. Please complete this affidavit and submit it along with the appropriate paper application to the Board.

I, \_\_\_\_\_, born on \_\_\_\_\_,  
hereby *Print full legal name mm/dd/yyyy*

attest that I do not have a social security number.

By my signature below, I solemnly affirm, under the penalties of perjury, that the contents of this document are true to the best of my knowledge, information, and belief. I further understand that providing false information to the Board may result in the denial of licensure or certification or discipline against my license or certificate in the future, which may include a reprimand, probation, suspension, revocation, and/or a monetary penalty.

\_\_\_\_\_  
*Signature Date*

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**Interpreter Services are available upon request.**