



Application for Endorsement of RN/LPN License

4140 Patterson Avenue
Baltimore, MD 21215
410-585-1900
TDD For Disabled
Maryland Relay Service
1-800-735-2258

Instructions:
Write answers in ALL CAPS
Use black or blue ink.
Answer ALL questions completely and accurately.

1. License Type:

RN LPN

3. Advanced Practice Type:

CRNA CRNP-Adult CRNP-Neonatal CRNP-School Nurse
 CRNM CRNP-Family CRNP-OB/Gyn CRNP-Acute Care
 CS-P CRNP-Geriatric CRNP-Pediatrics

2. Temporary License Requested:

Yes No

Be sure to enclose proof of current national certification.

Personal Profile

4. Last Name:

5. Sex:

Male
 Female

6. Date of Birth:

7. First Name and Middle Initial:

8. Marital Status:

Single
 Married
 Separated
 Divorced
 Widowed

9. Race:

Caucasian
 African American
 Native American
 Asian
 Hispanic
 Other

10. Maiden Name:

11. Address:

12a. Apt. Number (Indicate APT in first three boxes):

OR

12b. C/O (Indicate C/O in first three boxes):

13. City:

14. State:

15. County:

16. Zip Code:

17. Country:

19. Home Phone:

20. Work Phone:

Discipline 21. Have you ever been convicted of or plead guilty or nolo contendere (this includes a guilty plea for which a PBJ was received):

to a misdemeanor? Yes No

to a felony? Yes No

or had any disciplinary action taken against your license in any state? Yes No

If you answered YES to any of the questions above, a complete explanation and court documents showing the OUTCOME of your case(s) must be submitted for review. Your application is not complete until these documents are submitted.

Employment

22. I have practiced nursing at least 1,000 hours in the last five years or am a new graduate. Yes No

23. State in which you are licensed by Examination (use postal abbreviation):

24. Have you ever had a Maryland license? Yes No

25. Indicate other states where you are licensed (active or inactive):

Education

26. Type of basic nursing education program: Associate Degree Baccalaureate in Nursing Diploma LPN Certification

28. The year of graduation from your basic education program:

29. US Educated: Yes No

27. Nursing Education:

Name of School:		
Year of Graduation:	City	State

30. High School Education:

Name of School:		
Year of Graduation:	City	State

Professional Experience

31. Current place of employment in Maryland:

Date of
Employment:

Name and Location of institution:

32. Recent nursing experience outside of Maryland:

Date of Service:

Name and Location of institution:

Signature

I affirm that the contents of this document are true and correct to the best of my knowledge and belief.

Failure to provide accurate information may result in denial of licensure.

SIGNATURE (REQUIRED):

DATE:

Make check or money order payable to the Maryland Board of Nursing.
Cash cannot be accepted.
If the application is not completed within one (1) year the application will be
destroyed and a new application must be filed and another fee paid.

FEE IS NOT REFUNDABLE

This space to contain a
recent passport type full
face photograph of
applicant.

Photograph must be
securely taped in place.

Newspaper photograph,
etc., not acceptable.

**PLEASE DO NOT
STAPLE**