



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

REQUEST FOR VERIFICATION/LETTER OF GOOD STANDING

PLEASE CHECK THE APPROPRIATE BOX:

- ☐ Licensee/Certification Holder Name:
- ☐ Registered Nurse
- ☐ Advanced Practice Certification
- ☐ Certified Nursing Assistant (including GNA if applicable)
- ☐ Other (please specify) _____

Licensee/Certification 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 \$45.00 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 \$45.00 check or money order made payable to:

Maryland Board of Nursing (MBON)

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.