



# 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](http://www.health.maryland.gov/mbon)**

**Interpreter Services are available upon request.**