



DECLARATION OF PRIMARY STATE OF RESIDENCE
FOR PURPOSES OF THE NURSE MULTISTATE LICENSURE COMPACT

For registered nurses and licensed practical nurses only

PART I: Licensee Information

Full Name: License No.:

E-mail address: Phone Number:

Current Address:
Street/Apartment No.

City County State Zip Code

PART II: Purpose for Filing

Please check all that apply:

- I am applying for a license to practice as a registered nurse or licensed practical nurse in Maryland by:
Examination
Endorsement
I moved to Maryland from another state.
I moved from Maryland to another state.
I moved within the State of Maryland.

PART II: Declaration of Primary State of Residence

Please check one declaration:

- I declare that Maryland is my primary state of residence. I am eligible for a multi-state Maryland license under the Compact. Any of my formerly held licenses in other Compact states will be invalidated/inactivated.
I declare that the Compact state of is my primary state of residence. I can only practice in Maryland under my multi-state licensing privilege. My formerly held Maryland license will be invalidated/inactivated.
I declare that the non-Compact state of is my primary state of residence. I am eligible for a single-state Maryland license only. Any license that I hold in a non-compact state will remain valid.

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. I understand that providing false or misleading information may result in disciplinary action by the Board.

Signature

Date