

# Maryland Board of Nursing

## APPLICATION FOR RECOGNITION OF OUT-OF-STATE NURSING LICENSURE PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL117-333)

### CHECKLIST

| Included                 | Required Documents                                                                                                                                                                                                                                                                                                                          |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>Completed Application</b>                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> | <b>Passport quality size photograph</b><br>Please note guidelines include: 2x2 color photo with the head centered and between 1” and 1.4” taken in last 2 years to reflect your current appearance. In addition, the photograph must be in accordance with the photograph requirements contained in an initial nursing license application. |
| <input type="checkbox"/> | <b>Copy of Military orders</b> indicating military service in MD (or if application is for a spouse, provide the service member’s military orders indicating the spouse’s name, or in cases where military orders do not have the spouse’s name listed, provide a copy of the marriage certificate with the military orders)                |
| <input type="checkbox"/> | <b>Proof of Advanced Practice Certification (for Advanced Practice Registered Nurses only)</b><br>Provide a copy of your national certification for the purpose of identifying the specific discipline (i.e., family, pediatric, geriatric, acute care, etc.) that you are certified to practice                                            |
| <input type="checkbox"/> | Documentation of legal name change if applicable (i.e., marriage certificate, divorce, decree, legal name change)                                                                                                                                                                                                                           |

**Applications and supporting documents can be delivered in person or mailed to:**

**Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, Maryland 21215**

**Applications and supporting documents may also be emailed. Please see below:**

**Registered Nurses and Licensed Practical Nurses submitting via email should submit to:**

**[mbon.militaryRNLPN@maryland.gov](mailto:mbon.militaryRNLPN@maryland.gov)**

**Certificate holders submitting via email should submit to:**

**[mbon.militaryCNA@maryland.gov](mailto:mbon.militaryCNA@maryland.gov)**