



MARYLAND BOARD OF NURSING
APPLICATION FOR INITIAL CERTIFICATION
REGISTERED NURSE – FORENSIC NURSE EXAMINER

I hereby make application for certification as a Registered Nurse – Forensic Nurse Examiner in the State of Maryland in accordance with the Maryland Annotated Code, Health Occupations Article, Section 8-205 and the Regulations Governing the practice of a Registered Nurse – Forensic Nurse Examiner (10.27.21) and submit the following evidence of my qualifications for certification:

1. Personal Information

Fee: Twenty-Five Dollars (\$25.00)

Name: (Last) (First) (Middle or Maiden)

Address: (Number and Street)

(City) (State) (Zip Code)

Home Phone: () RN Lic#

Work Phone: ()

Date of Birth: (Month/Day/Year) Social Security# - -

2. Work Experience

I meet the requirement of 18 months continuous clinical experience as a Registered Nurse.

Yes No

3. Board Approved Registered Nurse – Forensic Nurse Examiner Education Program

(Name of Education Provider)

(Address)

Course length in hours: _____ Date completed: _____

Number of hours: Pediatric client _____ Number of hours: Adult client _____

Were the hours equally distributed between didactic and clinical for each? Yes _____ No _____

If No, explain: _____

4. Endorsement from Another State or Living in a Compact State

To be completed by the licensee:

Sexual Assault Forensic Examiner program which included both didactic and clinical.

(Name of Education Provider)

(Address)

Date completed: _____

The course of study contained both didactic and clinical: Yes _____ No _____

Attach copy of certificate of successful completion and copy of curriculum if course taught outside of Maryland.

5. Signature of licensee:

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

Signature (Required)

Date

Title