

Diploma

LPN Certification

6. Name and location of High School or Nursing Program attended:

7. Year of Graduation from High School or Nursing Program?

8. Were you educated in the U.S.?

Yes

No

Section III. Employment – To be completed by ALL APPLICANTS

8. Have you practiced nursing for at least 1000 hours in the last five years or are you a new graduate?

Yes

No

9. In which state are you licensed by examination?

10. Have you ever had a Maryland license?

Yes

No

11. List other states where you are licensed (active or inactive)

12. Name and location of current place of employment, in Maryland

Section IV. Discipline - To be completed by ALL APPLICANTS

13. Have you ever been convicted of or plead guilty or nolo contendere (including a guilty plea w/PBJ) to:

A. a misdemeanor:

Yes

a felony:

Yes

No

No

B. Has there been any disciplinary action taken against your license in any state, including Maryland?

Yes

No

If you answered "Yes" to any of the above questions, a complete explanation is required upon submission of this application; along with any court documents showing the outcomes of your cases. Your application is considered incomplete until these documents are submitted

Section V. Photograph - To be completed by All Applicants

14. You are required to submit a **passport style photo** along with this application. Acceptable file types are .jpg, .jpeg, and .png. **DO NOT SUBMIT PDF VERSIONS OF YOUR PHOTO.**

Section VI. Signatures and Payment - To be completed by ALL APPLICANTS

18. Signature (See below Disclosure)¹

Signature

Date

19. Payment

Payment via credit card is required upon electronic submission of this application. It is the quickest method for Board staff to process your application during this time of emergency. If you would prefer to print and mail your application, along with a check/money order, you may do so for now. However, please be advised that option may not be available in the coming weeks. By providing your credit card information below, you are hereby authorizing the MD Board of Nursing to charge your credit card in the amount listed, on www.mbon.org , for initiating/renewing my license or certificate.

Please provide credit card information as it appears on your card:

Name

Card Number

Exp Date

House #

Zip

¹ The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility