FEES ARE NOT REFUNDABLE

ENDORSEMENT CHECKLIST Certified Nursing Assistant Certification

To assure that the endorsement applications are processed, the following may assist you in performing a final check of the Endorsement application prior to your sending the application to the Board.

- Do you have the appropriate application? Remember an Endorsement CNA
 application is completed only <u>ONCE</u>. If you have been certified as a CNA in Maryland in
 the past at any time, you will need a Renewal application instead of an Endorsement
 CNA application.
- 2. Have all data fields on the Endorsement application been completed? See Endorsement application instructions that accompany the Endorsement application.
- 3. Has the fee been attached to the application? The fee for the CNA Endorsement application is \$20. You can pay by money order, cashier's check, personal check, or facility check.
- 4. Has a passport photo, full face 2x2 inches, been attached to the Endorsement application? A passport sized photograph must be placed on page 2 of the application.
- 5. Has the applicant signed the endorsement application? Page 2 of the application must be signed.
- 6. Has the applicant had the fingerprints taken to initiate the criminal history records background check and has the receipt verifying that the fingerprints have been taken attached to the application? A temporary CNA certification will not be issued unless evidence of the fingerprints being taken are submitted with the Endorsement application.
- 7. Has a copy of the current active certification card as a CNA from the out of state registry been attached to the endorsement application?

****For any applicant who has answered "Yes" to any disciplinary question(s)- This application will be forwarded to the CNA Coordinator for Discipline. A temporary certification will not be issued****

****The Endorsement application will be RETURNED to the applicant if all requirements are not met***

HOW TO CONTACT THE BOARD OF NURSING:

• Please send an email to mdbon.cnaend@maryland.gov. Please include your name, social security number, and date your application was submitted to the Board.

Fact Sheet

Nursing Assistant Certification for Out-of-State Endorsement Applicants

- Out of state applicants must meet the Maryland Board of Nursing training program requirements to be eligible for the CNA certification.
- To be considered for endorsement/transfer to Maryland, the out of state candidate must have a CNA certificate that is current, active, and in good standing on the State's Nurse Aide registry that meets the OBRA requirement.
- All out of state applicants who are endorsing/transferring their certificate to Maryland must have state certification free from finding of abuse or neglect with the out of state registry.
- Out of state candidates who are not on any state registry must complete a Maryland Board approved 100 hour training program to be eligible for Maryland certification as a CNA.

Tips to Avoid Delays in Obtaining Certification

The following are common omissions in completing the applications, which cause a delay in obtaining certification.

- Applicant has failed to include the out of state registry certificate/card.
 A copy of the current/active CNA can be printed off the out of state Nurse Aide Registry website.
- If you have to answer "yes" to any disciplinary question-please provide your court documents, a statement explaining the events that lead up to the charge, and two character references.
- Applicant fails to provide his/her social security number.
- Applicant fails to provide proof of fingerprinting

Endorsement Application for Nursing Assistant Certification



Nursing Assistant

Certification Program

PLEASE DO NOT SEPARATE PAGES

Instructions:
Write answers in ALL CAPS.
Use black ink ONLY.
Answer ALL questions completely and

4140 Patterson Avenue Baltimore, MD 21215 410-585-1990

TDD for Disabled Maryland Relay Service 1-800-735-2258

	accuratory.	
Personal Profile:	Email	
1. Last Name:		2. Sex:
		○ Male
		○ Female
4. First Name:		9 Slaulaul
		3. Marital Status
		○ Single
4a. Middle Name:		Married
		Separated
6.Maiden Name:		Olivorced
		○ Widowed
		5. Race:
7. Address:		Caucasian
		Caucasian African American
		American Indian/ Alaska
8a. Apt. Number (Write APT in first three b	oxes): 8b. C/O (Write C/O In first three boxes):	Mathe
	OP	- Hispanic
	OR	Other
9. City:		African American (Non-Hispanic)
	10. State:	(Non-Hispanic) White (Non-Hispanic)
	See Page 3 Fo	_
12. Zip Code:		11. County: See Page 3 For Codes
	16	Date of Birth:
14. Home Phone:	15. Work Phone:	
		ONTH DAY YEAR
Education:		
Name and location of Training Pro	gram-Attach copy of certificate:	
	Sch	ool Code Number:
Date Training Program Completed:		
		is is for BOARD Use
		IIS IS FOR BOARD USE
MONTH DAY YEAR	01	

to a misdemeanor?	of or plead guilty or nolo YES		cludes a guilty ple rfelony?	YES	was received.
	ONO			OM O	
	any disciplinary action tak cate issued in any state, i		YES NO		
	y of the questions above, case(s) must be submitte these documents are subi	d for review. Your	application is not o		; the
18. Prior or Current Certification			Provide	e copy of current	certificate for each st
Have you ever been certified or are certified as a nursing assistant in a		TES NO IF	so, which state(s)	?	
				Provide copy of	license for each state
Have you ever been licensed as an another state?	○ ¥		so, which state(s)	3	
Have you ever been certified as a n if you answered yes to this questio the Board at 410-585-1990.				YES ONO	
Have you ever been licensed as an	RN/LPN by the Maryland	Board of Nursing?	0	YES O NO	
19. Practice Requirements					
A) Certified Nursing Assistant		C)	Dialysis Technici	an	
Have you worked as a nursing 16 hours in the last two years?		Оио	Are you currently with BONENT? Submit copy of coertificate.		YES NO
B) Home Health Aide		D)	Geriatric Nursing	Assistant	
Have you satisfactorily comple hours of inservice training requ	uired by last 12	О ио	Have you practice compensation in comprehensive c the last two years	a licensed are facility in	YES NO
CFR, Section 484.36 within the months verified on facility lette	irnseau r		the last the years		
months verified on facility lette		TE:			
	MUST COMPLE			This spa a REC FACE 2 pho	ce is to contain CENT FULL inch by 2 inch tograph of
ignature - All Applicants	MUST COMPLET tion in Maryland according oard of Nursing.	g to the Nurse Prac		This spa a REC FACE 2 pho	CENT FULL inch by 2 inch
ignature - All Applicants ereby make application for certificated the regulations of the Maryland Be	tion in Maryland accordin oard of Nursing.	g to the Nurse Prac		This spa a REC FACE 2 pho al Photog secure	CENT FULL inch by 2 inch tograph of
ignature - All Applicants ereby make application for certificat d the regulations of the Maryland Be	tion in Maryland accordin oard of Nursing.	g to the Nurse Prac		This spa a REC FACE 2 pho al Photog secure	CENT FULL inch by 2 inch tograph of oplicant. raph must be ily TAPED in

If the application is not completed within three (3) months the application will be destroyed and a new application must be filled and another fee paid.

FEE IS NOT REFUNDABLE

Rev 008 1208 872425 PAGE 2 EAB

Code Listings State Codes (for Item 10)

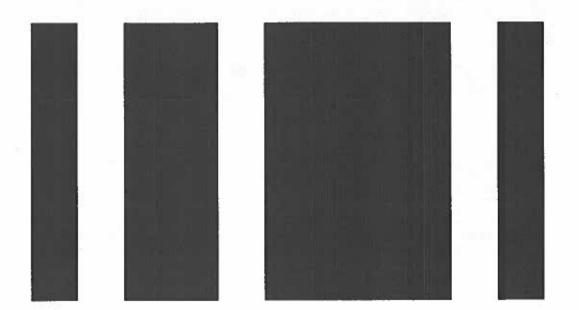
AL	ALABAMA	IL.	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SOUTH CAROLINA
AZ.	ARIZONA	IA	IOWA	NV	NEVADA	SD	SOUTH DAKOTA
AR	ARKANSAS	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
CA	CALIFORNIA	KY	KENTUCKY	NJ 🗎	NEW JERSEY	TX	TEXAS
CO	COLORADO	LA	LOUISIANA	NM	NEW MEXICO	ŲT	UTAH
CT	CONNECTICUT	ME	MAINE	NY	NEW YORK	VT	VERMONT
DE	DELAWARE	MD	MARYLAND	NC	NORTH CAROLINA	VA	VIRGINIA
DC	DIST. OF COL.	MA	MASSACHUSETTS	ND	NORTH DAKOTA	VI	VIRGIN ISLANDS
FL	FLORIDA	MI	MICHIGAN	ОН	ОНЮ	WA	WASHINGTON
GA	GEORGIA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
HI	HAWAII	MS	MISSISSIPPI	OR	OREGON	WI	WISCONSIN
ID	IDAHO	MO	MISSOURI	PA	PENNSYLVANIA	WY	WYOMING

Code Listings Maryland County Codes (for Item 11)

01	ALLEGANY	14	HOWARD
02	ANNE ARUNDEL	15	KENT
03	BALTIMORE CITY	16	MONTGOMERY
04	BALTIMORE CO.	17	PRINCE GEORGES
05	CALVERT	18	QUEEN ANNES
06	CAROLINE	19	ST. MARY'S
07	CARROLL	20	SOMERSET
08	CECIL	21	TALBOT
09	CHARLES	22	WASHINGTON
10	DORCHESTER	23	WICOMICO
11	FREDERICK	24	WORCESTER
12	GARRETT	25	DIST. OF COLUMBIA (DC)
13	HARFORD	26	OUT OF STATE

PAGE 3

Rev 008 1208







Application Separator Page

