



**CRITERIA / INSTRUCTIONS FOR
CLINICAL NURSE SPECIALIST CERTIFICATION**

Based on your RN licensure status, provide the following information to the Maryland Board of Nursing:

<p><i>If you have or ever have had a Maryland RN number—whether it is current, inactive or non-renewed—submit the following:</i></p>	<p><i>If you have a Current Compact State RN License, submit the following:</i></p>	<p><i>If you have neither a current Maryland nor a Compact State RN license, submit the following:</i></p>
<ul style="list-style-type: none"> • If inactive or non-renewed, please reactivate your Maryland RN number (unless you are living in a Compact state) • Certification application • Declaration of residence form • Official transcript(s) in unopened, school-sealed envelope(s) • Copy of current national certification OR letter of eligibility to take the certification exam 	<ul style="list-style-type: none"> • Certification application • Copy of compact license • Declaration of residence form • Official transcript(s) in unopened, school-sealed envelope(s) • Copy of current national certification OR letter of eligibility to take the certification exam 	<ul style="list-style-type: none"> • Application for licensure by endorsement (https://license.mdbon.org/NETS/Home.asp) • Fingerprinting Receipt • Verification of initial licensure by examination from original state of RN licensure. • Certification application • Official transcript(s) in unopened, school-sealed envelope(s) • Copy of current national certification OR letter of eligibility to take the certification exam



CLINICAL NURSE SPECIALIST INFORMATION SHEET

APPLICANTS APPLYING FOR CERTIFICATION TO PRACTICE AS A CLINICAL NURSE SPECIALIST (CNS) IN MARYLAND MUST PROVIDE EVIDENCE OF:

1. CURRENT LICENSURE TO PRACTICE IN MARYLAND AS A REGISTERED NURSE.

APPLICANTS LIVING IN STATES THAT HAVE IMPLEMENTED
THE RN LICENSURE COMPACT:
SUBMIT PROOF OF CURRENT REGISTERED NURSE LICENSURE
ISSUED BY THEIR LEGAL STATE OF RESIDENCE.

2. A MASTER'S DEGREE (OR HIGHER) IN CNS ROLE AND POPULATION.
3. CURRENT/ACTIVE CERTIFICATION ISSUED BY A NATIONAL CERTIFYING BODY.

INSTRUCTIONS FOR THE APPLICANT

1. COMPLETE THE APPLICATION IN ITS ENTIRETY.
2. SUBMIT THE (NON-REFUNDABLE) \$50.00 PROCESSING FEE (CHECK OR MONEY ORDER MADE PAYABLE TO THE MARYLAND BOARD OF NURSING).
3. ATTACH A COPY OF YOUR CURRENT NATIONAL CERTIFICATION CERTIFICATE.

**APPLICANTS LIVING IN COMPACT STATES:
ATTACH A COPY OF THE REGISTERED NURSE LICENSE ISSUED BY
YOUR STATE OF LEGAL RESIDENCE.

4. ATTACH AN OFFICIAL FINAL TRANSCRIPT (MASTERS DEGREE OR HIGHER).

ALLOW FOUR (4) WEEKS FOR PROCESSING.
INCOMPLETE APPLICATIONS WILL REQUIRE ADDITIONAL PROCESSING TIME.
ONCE ISSUED, THE NEW CERTIFICATION MAY BE VIEWED AND PRINTED FROM THE BOARD'S
WEBSITE AT WWW.MBON.ORG, "LOOK UP A LICENSEE"



**CLINICAL NURSE SPECIALIST
APPLICATION-PROCESSING FEES**

THE NON-REFUNDABLE APPLICATION-PROCESSING FEE FOR THE INITIAL MARYLAND ADVANCED PRACTICE CERTIFICATION IS \$50.00. THE NON-REFUNDABLE APPLICATION-PROCESSING FEE FOR EACH ADDITIONAL ADVANCED PRACTICE CERTIFICATION IS \$25.00.

**NATIONAL CERTIFICATION BOARDS
AND
EXAMINATIONS ACCEPTED BY THE MARYLAND BOARD OF NURSING**

THE MARYLAND BOARD OF NURSING CURRENTLY ACCEPTS THE FOLLOWING NATIONAL CERTIFICATION EXAMINATIONS FOR CLINICAL NURSE SPECIALIST (CNS). CERTIFICATION FROM BOARDS OTHER THAN THE FOLLOWING WILL BE EVALUATED TO DETERMINE QUALIFICATION FOR CERTIFICATION AS A CLINICAL NURSE SPECIALIST IN MARYLAND.

<p>ANCC (AMERICAN NURSES CREDENTIALING CENTER)</p>
<ul style="list-style-type: none"> • ADULT HEALTH CLINICAL NURSE SPECIALIST • ADULT PSYCHIATRIC & MENTAL HEALTH CLINICAL NURSE SPECIALIST • CHILD ADOLESCENT PSYCH & MENTAL HEALTH CLINICAL NURSE SPECIALIST • CLINICAL NURSE SPECIALIST CORE EXAM (RETIRED; ANCC RENEWALS ONLY) • HOME HEALTH CLINICAL NURSE SPECIALIST (RETIRED; ANCC RENEWALS ONLY) • GERONTOLOGICAL CLINICAL NURSE SPECIALIST • PEDIATRIC CLINICAL NURSE SPECIALIST • PUBLIC/COMMUNITY HEALTH CLINICAL NURSE SPECIALIST

<p>AACN (AMERICAN ASSOCIATION OF CRITICAL CARE NURSES)</p>
<ul style="list-style-type: none"> • ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST (ACCNS-AG) • PEDIATRIC CLINICAL NURSE SPECIALIST (ACCNS-P) • NEONATAL CLINICAL NURSE SPECIALIST (ACCNS-N) • ACUTE/CRITICAL CARE CLINICAL NURSE SPECIALIST (CCNS -- ADULT, PEDIATRIC & NEONATAL)

<p>NCC (NATIONAL CERTIFICATION CORPORATION)</p>
<ul style="list-style-type: none"> • PEDIATRIC PRIMARY CARE MENTAL HEALTH SPECIALIST

<p>ONCC (ONCOLOGY NURSES CERTIFICATION CORPORATION)</p>
<ul style="list-style-type: none"> • ADVANCED ONCOLOGY CERTIFIED CLINICAL NURSE SPECIALIST

CLICK BELOW TO REVIEW COMAR REGULATIONS FOR THE CLINICAL NURSE SPECIALIST DESIGNATION:

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.27.27.*

IF YOU HAVE QUESTIONS YOU MAY TELEPHONE THE BOARD AT (410) 585-1930 OR (410) 585-1926.



THIS DOCUMENT MUST BE TYPED -- PLEASE DO NOT FAX OR EMAIL THIS FORM TO THE BOARD

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NON-REFUNDABLE FEE: \$50.00

APPLICATION FOR CERTIFICATION TO PRACTICE AS A CLINICAL NURSE SPECIALIST

For Office Use Only	
Ck: _____	MO: _____
Visa: _____	MC: _____
ID: _____	
Staff Initials: _____	Date: _____

I HEREBY MAKE APPLICATION FOR CERTIFICATION AS A CLINICAL NURSE SPECIALIST IN MARYLAND IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, HEALTH OCCUPATIONS ARTICLE 8-205 AND THE REGULATIONS GOVERNING THE PRACTICE OF CLINICAL NURSE SPECIALISTS (10.27.27), AND SUBMIT THE FOLLOWING EVIDENCE OF MY QUALIFICATIONS FOR CERTIFICATION.

PERSONAL DATA		
LAST NAME:	FIRST NAME:	MIDDLE/MAIDEN:
ADDRESS: (NUMBER & STREET)		
CITY:	STATE:	ZIP:
**MARYLAND RN LICENSE #:	ATTACH COPY OF LICENSE **APPLICANTS LIVING IN COMPACT STATES, ATTACH A COPY OF THE RN LICENSE ISSUED BY YOUR STATE OF LEGAL RESIDENCE	
DATE OF BIRTH:	HOME TELEPHONE:	OTHER PHONE:
SOCIAL SECURITY #:	E-MAIL ADDRESS:	
GRADUATE/POST GRADUATE EDUCATION		
NAME OF SCHOOL:		
Address:		
City:	State:	ZIP:
NAME OF PROGRAM/TRACK:		
TYPE OF DEGREE / CERTIFICATE CONFERRED: <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS		YEAR OF GRADUATION OR COMPLETION DATE:

ATTACH AN OFFICIAL, SEALED & UNOPENED FINAL TRANSCRIPT

NATIONAL CERTIFICATION	
HAVE YOU PASSED A NATIONAL CERTIFYING EXAM FOR CLINICAL NURSE SPECIALTY?: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	IF YES, WHAT WAS THE NAME OF THE EXAMINATION?:
AREA OF SPECIALIZATION:	
DATE CERTIFICATION CONFERRED: _____	DATE CERTIFICATION EXPIRES: _____

ATTACH A COPY OF YOUR NATIONAL CERTIFICATION CERTIFICATE

PRACTICE INFORMATION		
SITE NAME:	Phone:	
Address:		
City:	State:	ZIP:
EMPLOYER NAME:		
Address:		
City:	State:	ZIP:

SITE NAME:	Phone:	
Address:		
City:	State:	ZIP:
EMPLOYER NAME:		
Address:		
City:	State:	ZIP:

TYPE THE NAME YOU WOULD LIKE TO APPEAR ON YOUR CERTIFICATE:

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS FORM IS TRUE AND COMPLETE.

SIGNATURE: *(must be your original signature)* _____

DATE: _____

MAIL TO:

ADVANCED PRACTICE DEPT.
 MARYLAND BOARD OF NURSING,
 4140 PATTERSON AVENUE
 BALTIMORE, MD 21215-2254
 (410) 585-1930 OR (410) 585-1926



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DECLARATION OF RESIDENCE FOR ADVANCED PRACTICE

PLEASE RETURN COMPLETED FORM WITH YOUR ORIGINAL SIGNATURE
TO THE MARYLAND BOARD OF NURSING

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NAME:

ADDRESS:

(CURRENT MAILING ADDRESS)

CITY:

STATE:

ZIP CODE

Nursing License Number

ISSUING
STATE

I DECLARE THAT _____ IS MY LEGAL STATE OF RESIDENCE.

ORIGINAL SIGNATURE AND DATE

**ENCLOSE COPIES OF TWO OF THE FOLLOWING
OFFICIAL PROOFS OF RESIDENCY**

Current Driver's License or State ID – AND –

- Voter's Registration Card displaying the primary state of residency
- W2 Form from Federal income tax return declaring the primary state of residency or...
- Military Form #2058 -- State of Legal Residence certificate may be accepted to document the declared state of residence