

STATE OF MARYLAND



MARYLAND BOARD OF NURSING  
4140 PATTERSON AVENUE  
BALTIMORE, MARYLAND 21215-2254

(410) 585-1900 (410) 358-3530 FAX  
(410) 585-1978 AUTOMATED VERIFICATION  
1-888-202-9861 TOLL FREE

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APPLICATION FOR CERTIFICATION  
TO PRACTICE AS A NURSE PSYCHOTHERAPIST  
IN INDEPENDENT PRACTICE

INFORMATION SHEET  
CRITERIA FOR CERTIFICATION

APPLICANTS APPLYING FOR CERTIFICATION TO INDEPENDENTLY PRACTICE AS A NURSE PSYCHOTHERAPIST IN MARYLAND MUST PROVIDE EVIDENCE OF:

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

APPLICANTS LIVING IN COMPACT 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 PSYCHIATRIC MENTAL HEALTH NURSING.
3. CURRENT/ACTIVE CERTIFICATION ISSUED BY THE AMERICAN NURSES CREDENTIALING CENTER FOR CLINICAL SPECIALIST IN ADULT PSYCHIATRIC AND MENTAL HEALTH NURSING, OR CLINICAL SPECIALIST IN CHILD AND ADOLESCENT PSYCHIATRIC AND MENTAL HEALTH NURSING.

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 ANCC CERTIFICATION CERTIFICATE.  
(CLINICAL SPECIALIST IN ADULT PSYCHIATRIC AND MENTAL HEALTH NURSING, OR CLINICAL SPECIALIST IN CHILD AND ADOLESCENT PSYCHIATRIC AND MENTAL HEALTH NURSING)
4. ATTACH A COPY OF YOUR MARYLAND\*\* REGISTERED NURSE LICENSE.

\*\*APPLICANTS LIVING IN COMPACT STATES-  
ATTACH THE REGISTERED NURSE LICENSE ISSUED BY YOUR STATE OF LEGAL RESIDENCE.

5. 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 [WWW.MBON.ORG](http://WWW.MBON.ORG), "LOOK UP A LICENSEE"

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**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 THE SECOND AND THIRD 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 NURSE PRACTITIONERS SPECIALTIES. CERTIFICATION FROM BOARDS OTHER THAN THE FOLLOWING WILL NOT CURRENTLY QUALIFY YOU FOR CERTIFICATION AS A NURSE PRACTITIONER IN MARYLAND.

<b>ANCC AMERICAN NURSES CREDENTIALING CENTER</b>
ACUTE CARE NURSE PRACTITIONER
ADULT NURSE PRACTITIONER
CLINICAL SPECIALIST IN CHILD AND ADOLESCENT PSYCHIATRIC AND MENTAL HEALTH NURSING
CLINICAL SPECIALIST IN ADULT PSYCHIATRIC AND MENTAL HEALTH NURSING
FAMILY NURSE PRACTITIONER
GERIATRIC NURSE PRACTITIONER
PEDIATRIC NURSE PRACTITIONER
PSYCHIATRIC MENTAL HEALTH-NURSE PRACTITIONER
SCHOOL NURSE

<b>AANP AMERICAN ACADEMY OF NURSE PRACTITIONERS</b>
ADULT NURSE PRACTITIONER
FAMILY NURSE PRACTITIONER

<b>NCC NATIONAL CERTIFICATION CORPORATION</b>
NEONATAL NURSE PRACTITIONER
OB/GYN NURSE PRACTITIONER

<b>PNCB PEDIATRIC NURSING CERTIFICATION BOARD</b>
PEDIATRIC NURSE PRACTITIONER-PRIMARY CARE
ACUTE CARE NURSE PRACTITIONER

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

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NON-REFUNDABLE FEE: \$50.00

APPLICATION FOR CERTIFICATION  
TO PRACTICE AS A NURSE PSYCHOTHERAPIST  
IN INDEPENDENT PRACTICE

I HEREBY MAKE APPLICATION FOR CERTIFICATION TO ENGAGE IN INDEPENDENT PRACTICE AS A NURSE PSYCHOTHERAPIST IN THE STATE OF MARYLAND IN ACCORDANCE WITH THE MARYLAND ANNOTATED CODE, HEALTH OCCUPATIONS ARTICLE, 8-205 AND THE REGULATIONS GOVERNING NURSE PSYCHOTHERAPISTS IN INDEPENDENT PRACTICE (10.27.12) AND SUBMIT THE FOLLOWING EVIDENCE OF MY QUALIFICATIONS FOR CERTIFICATION.

NAME:

LAST

FIRST

MIDDLE/ MAIDEN

ADDRESS:

NUMBER AND STREET

CITY STATE ZIP CODE

CITY

STATE

ZIP CODE

**MARYLAND RN LICENSE #	<b>ATTACH COPY OF LICENSE</b> <b>**APPLICANTS LIVING IN COMPACT STATES, ATTACH COPY OF THE RN LICENSE ISSUED BY YOUR STATE OF LEGAL RESIDENCE</b>
DATE OF BIRTH	HOME TELEPHONE
SOCIAL SECURITY #	E-MAIL ADDRESS:

**PRACTICE LOCATIONS**  
(ATTACH AN ADDITIONAL SHEET, IF MORE SPACE IS NEEDED)

NAME OF PRACTICE:

ADDRESS:

NUMBER AND STREET

CITY

STATE

ZIP CODE

TELEPHONE #

**GRADUATE/POST GRADUATE EDUCATION**

NAME OF SCHOOL:

ADDRESS:

NAME OF PROGRAM/TRACK:

TYPE OF  
DEGREE/CERTIFICATE  
CONFERRED

YEAR OF  
GRADUATION OR  
COMPLETION DATE

**ATTACH AN OFFICIAL FINAL TRANSCRIPT**

**NATIONAL CERTIFICATION**

HAVE YOU PASSED THE ANCC CLINICAL SPECIALIST IN CHILD AND ADOLESCENT PSYCHIATRIC AND MENTAL HEALTH NURSING NATIONAL CERTIFICATION EXAMINATION OR THE ANCC CLINICAL SPECIALIST IN ADULT PSYCHIATRIC AND MENTAL HEALTH NURSING NATIONAL CERTIFICATION EXAMINATION?

YES

NO

PENDING

IF YES, WHAT WAS THE NAME OF THE EXAMINATION

AREA OF SPECIALIZATION

DATE  
CERTIFICATION  
CONFERRED

CERTIFICATION  
EXPIRATION  
DATE

**ATTACH A COPY OF YOUR ANCC CERTIFICATION CERTIFICATE**

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

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

SIGNATURE

DATE

MAIL TO:  
ADVANCE PRACTICE UNIT, MARYLAND BOARD OF NURSING,  
4140 PATTERSON AVENUE, BALTIMORE, MD 21215-2254

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## DECLARATION OF RESIDENCE FOR ADVANCE 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 – must include a home street address
- Voter's registration card
- Federal income tax return
- W2 from any US government, bureau division or agency
- Military Form #2058-state of legal residence certificate