



**CONVERSION FROM INACTIVE OR VOLUNTEER TO ACTIVE**



If you are in a **Non-Renewed** status please contact the Maryland Board of Nursing for further instructions at [Mbon.nurselicenserenewal@maryland.com](mailto:Mbon.nurselicenserenewal@maryland.com).

Name		
Address		
City	State	Zip Code
Social Security Number		License Number
Telephone Number	Email Address	

**PLEASE SELECT ONE OF THE FOLLOWING RENEWAL REQUIREMENTS**

	Requirements	Yes	No	Deliverables
1	Have You Practiced 1000 hours in the last 5 years?			If yes, please submit Conversion and Supplemental Renewal Form <b>If no</b> , please go to the item #2
2	Have you completed 30 CEU's in the past 2 years?			If yes, please submit a copy of the CEU's completion certificate from an awarded and approved program <b>If no</b> , please go to item #3
3	Have you completed a Nurse Refresher Course?			If yes, please submit Nurse Refresher Course Certificate <b>If no</b> , please contact the MBON at the above email address

A CHECK OR MONEY ORDER MADE **PAYABLE TO "MARYLAND BOARD OF NURSING"** IN THE AMOUNT OF:

RN	\$96.00
LPN	\$70.00
WCCM, FNE-A/P, CRNA	\$106.00
CRNP's	\$110.00 *more than one Advanced Practice Certification, Add \$10.00 for each certification.

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_