



# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

## MARYLAND BOARD OF NURSING APPLICATION FOR INITIAL CERTIFICATION

### REGISTERED NURSE – FORENSIC NURSE EXAMINER

I hereby make application for certification as a Registered Nurse – Forensic Nurse Examiner in the State of Maryland in accordance with the Maryland Annotated Code, Health Occupations Article, Section 8-205 and the Regulations Governing the practice of a Registered Nurse – Forensic Nurse Examiner (10.27.21) and submit the following evidence of my qualifications for certification:

Requested Certification: FNE-Adult \_\_\_\_\_ FNE Pediatric: \_\_\_\_\_

#### 1. Personal Information

Fee: Twenty-Five Dollars (\$25.00)

Name: \_\_\_\_\_  
(Last) (First) (Middle or Maiden)

Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ RN Lic# \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month/Day/Year)

#### 2. Work Experience

I meet the requirement of 18 months continuous clinical experience as a Registered Nurse.

Yes \_\_\_\_\_ No \_\_\_\_\_

**3. Board Approved Registered Nurse – Forensic Nurse Examiner Education Program**

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(Name of Education Provider)

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(Address)

Course length in hours: \_\_\_\_\_ Date completed: \_\_\_\_\_

Number of hours: Pediatric client \_\_\_\_\_ Number of hours: Adult client \_\_\_\_\_

Were the hours equally distributed between didactic and clinical for each? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, explain: \_\_\_\_\_

**4. Endorsement from Another State or Living in a Compact State**

**To be completed by the licensee:**

Sexual Assault Forensic Examiner program which included both didactic and clinical.

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(Name and Address of Education Provider)

Date completed: \_\_\_\_\_

The course of study contained both didactic and clinical: Yes \_\_\_ No \_\_\_

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**Attach a copy of certificate of successful completion and copy of curriculum if course taught outside of Maryland.**

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**5. Signature of licensee:**

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

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Signature (Required)

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Date