



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

(Name of Education Provider)

(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.

(Name and Address of Education Provider)

Date completed: _____

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

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

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.

Signature (Required)

Date

DECLARATION OF PRIMARY STATE OF RESIDENCE
FOR PURPOSES OF THE NURSE LICENSURE
COMPACT

PART I: Licensee Information

Full Name: _____ E-mail address: _____

License No.: _____ Phone Number: _____

Current Address: _____

Street/Apartment No.

City County State Zip Code

PART II: Purpose for Filing

Please check one:

- I am applying for a license to practice as a registered nurse or licensed practical nurse in Maryland by:
 - Examination
 - Endorsement
- I am applying for renewal of my license to practice as a registered nurse or licensed practical nurse in Maryland.
- I am applying for reinstatement of my license to practice as a registered nurse or licensed practical nurse in Maryland.
- I am moving to another State.

PART III: Declaration of Primary State of Residence

Please check one declaration:

- I declare that Maryland is my primary state of residence.** I am eligible for a multistate Maryland license under the Compact. Any of my formerly-held licenses in other Compact states will be deactivated.
- I declare that the Compact state of _____ is my primary state of residence.** I am not eligible for a multistate Maryland license under the Compact. My formerly-held Maryland license will be deactivated.
- I declare that the non-Compact state or country of _____ is my primary state of residence.** I am eligible for a single-state Maryland license only. Any license that I hold in a non-Compact state or country will remain valid.

One or more of the following documents may be requested to verify primary state of residence:

- Driver's license with home address
- Voter's registration card with home address
- Federal income tax return declaring state of residence
- Military Form No. 2058, state of legal residence certificate
- W2 from a federal agency, bureau, or division, indicating the declared state of residence

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: _____