



# Certified Nursing Assistant Application for Renewal

4140 Patterson Avenue  
Baltimore, MD 21215  
410-585-1990

Nursing Assistant  
Certification Program

PLEASE DO NOT SEPARATE PAGES

TDD for Disabled  
Maryland Relay Service  
1-800-735-2258

Certification  
Number:

**FEE IS NOT REFUNDABLE**  
Make certified check, facility check or  
money order payable to the "Maryland  
Board of Nursing"

*For TNAs who have a "non-renewed"  
CNA Certification*

**CASH AND PERSONAL CHECKS  
CANNOT BE ACCEPTED**

**Instructions:**  
Write answers in ALL CAPS.  
Use black ink ONLY.  
Answer ALL questions completely and  
accurately.

Personal Profile: *Email:*

1. Last Name:

2. First Name:

2a. Middle Name:

3. Maiden Name:

4. Address:

5a. Apt. Number (Write APT in first three boxes):

OR

5b. C/O (Write C/O in first three boxes):

6. City:

7. State:  
See Page 4  
For Codes

8. Zip Code:

9. Home County Code:  
See Page 4 For Codes.

10. Social Security Number:

11. Date of Birth:

MONTH DAY YEAR



12. Home Phone: [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

13. Work Phone: [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

14a. Primary Work Location Zip Code: [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

14b. Primary Work County Code: See Page 4 for Codes. [ ] [ ]

15. Sex:

- Male
- Female

16. Marital Status

- Single
- Married
- Separated
- Divorced
- Widowed

17. Race:

- Caucasian
- Black
- American Indian/Alaska Native
- Asian/Pacific Islander
- Hispanic
- Other
- Black (Non-Hispanic)
- White (Non-Hispanic)

18. Practice Requirements. This question must be answered in order to renew any certification. If you mark a certification you are not eligible for, you will delay your certification.

Certified Nursing Assistant

Have you worked as a nursing assistant 16 hours in the last two years?  Yes  No

19. Question number 18 must be answered prior to completing this section.

A) Home Health Aide

Have you satisfactorily completed 12 hours of inservice training required by CFR, Section 484.36, within the last 12 months?

Yes  No

B) Dialysis Technician

Have you completed 16 hours as a dialysis technician in the past two years and one 3 hour board approved continuing education course?

Yes  No

C) Geriatric Nursing Assistant

Have you practiced 8 hours for compensation in a licensed comprehensive care facility in the last two years?

Yes  No

D) School Health

Are you currently practicing in a school health setting as a nursing assistant?

Yes  No

E) DDA

Are you currently practicing in a DDA setting as a nursing assistant?

Yes  No

F) Certified Medicine Aide

Have you completed the required clinical update in the last ninety (90) days?

Yes  No

Have you practiced 100 hours as a Certified Medicine Aide in the last 2-years?

Yes  No



**Work Information:**

20. INDICATE THE OTHER STATES WHERE YOU ARE CERTIFIED (active or inactive).

State	State	State	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Places where you Work:

If you are employed, fill in the codes for all places of employment, with your primary (if any) employment listed first.

SEE PAGE 4 FOR CODES

Job 1	Job 2	Job 3	Job 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Full Time <input type="radio"/> Part Time	<input type="radio"/> Full Time <input type="radio"/> Part Time	<input type="radio"/> Full Time <input type="radio"/> Part Time	<input type="radio"/> Full Time <input type="radio"/> Part Time

**Discipline - All Applicants MUST COMPLETE:**

22. Have you ever been convicted of or plead guilty or nolo contendere (this includes a guilty plea for which a PBJ was received):

to a misdemeanor?

YES  
 NO

Since last renewal?

YES  
 NO

to a felony?

YES  
 NO

Since last renewal?

YES  
 NO

Has there been any disciplinary action taken against your license or certificate issued in any state, including Maryland?

YES  
 NO

Since last renewal?

YES  
 NO

If you answered YES to any of the questions above, a complete explanation and court documents showing the OUTCOME of your case(s) must be submitted for review. Your application is not complete until these documents are submitted and cannot be processed.

**Signature - All Applicants MUST COMPLETE:**

I affirm that the contents of this document are true and correct to the best of my knowledge.

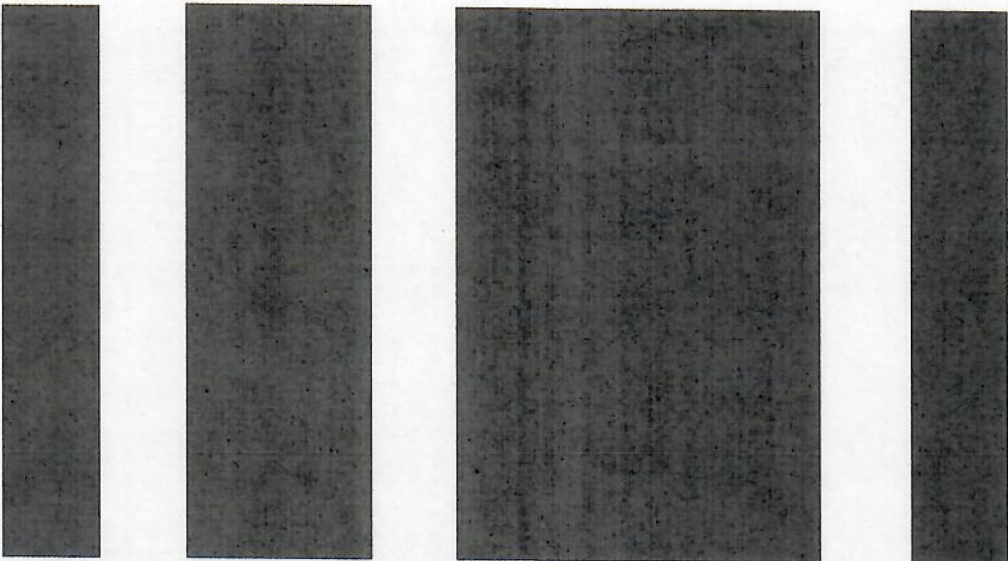
Providing false or misleading information may result in disciplinary action by the Board.

If the application is not completed within 3 months, it may be destroyed and a new application must be filed and another fee paid.

SIGNATURE (REQUIRED):

TODAY'S DATE:





### Renewal Form Code Listings

State Codes  
(for items 7 and 20)

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SOUTH CAROLINA
AZ	ARIZONA	IA	IOWA	NV	NEVADA	SD	SOUTH DAKOTA
AR	ARKANSAS	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
CA	CALIFORNIA	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CO	COLORADO	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CT	CONNECTICUT	ME	MAINE	NY	NEW YORK	VT	VERMONT
DE	DELAWARE	MD	MARYLAND	NC	NORTH CAROLINA	VA	VIRGINIA
DC	DIST. OF COL.	MA	MASSACHUSETTS	ND	NORTH DAKOTA	VI	VIRGIN ISLANDS
FL	FLORIDA	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
GA	GEORGIA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
HI	HAWAII	MS	MISSISSIPPI	OR	OREGON	WI	WISCONSIN
ID	IDAHO	MO	MISSOURI	PA	PENNSYLVANIA	WY	WYOMING

#### Places Where you Work (for Item 21)

- 01 HOSPITAL
- 02 HOME CARE
- 03 ASSISTED LIVING
- 04 DDA
- 05 INDEPENDENT
- 06 LONG TERM CARE
- 07 HOSPICE
- 08 SCHOOL HEALTH
- 09 HMO/OFFICE
- 10 DAY CARE
- 11 OTHER

#### Maryland County Codes (for Items 9 and 14b)

- |    |                |    |                        |
|----|----------------|----|------------------------|
| 01 | ALLEGANY       | 14 | HOWARD                 |
| 02 | ANNE ARUNDEL   | 15 | KENT                   |
| 03 | BALTIMORE CITY | 16 | MONTGOMERY             |
| 04 | BALTIMORE CO.  | 17 | PRINCE GEORGES         |
| 05 | CALVERT        | 18 | QUEEN ANNES            |
| 06 | CAROLINE       | 19 | ST. MARY'S             |
| 07 | CARROLL        | 20 | SOMERSET               |
| 08 | CÉCIL          | 21 | TALBOT                 |
| 09 | CHARLES        | 22 | WASHINGTON             |
| 10 | DORCHESTER     | 23 | WICOMICO               |
| 11 | FREDERICK      | 24 | WORCESTER              |
| 12 | GARRETT        | 25 | DIST. OF COLUMBIA (DC) |
| 13 | HARFORD        | 26 | OUT OF STATE           |