



# Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

## WCCM VERIFICATION OF PRACTICE (RENEWAL)

To renew your Certification as a WCCM you must submit evidence of having worked a minimum of 2000 hours in Workers' Compensation Medical Case Management nursing during the two years preceding your renewal date. Please complete the section for Personal Information and then submit the form to your employer for completion and verification of nursing practice as a WCCM. If you renewed online, please email the completed form to [mbon.nurselicenserenewal@maryland.gov](mailto:mbon.nurselicenserenewal@maryland.gov) or mail to our office. If you are unable to renew online please contact the renewal department at 410-585-1900 option 2 for further assistance.

### Personal Information

License #: \_\_\_\_\_ or Pending

Last Name: \_\_\_\_\_

First Name and Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Employer Information: (to be completed by employer)

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### FEES

**On-line Renewal:** \$146 – You will be billed automatically if you renew online and select WCCM.

**Compact State Licensees:** \$36 – If your License number begins with AC, you Cannot renew online. Please email the Renewal Department for a renewal application and instructions.

\_\_\_\_\_  
Printed Name of Supervisor

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Appicant

\_\_\_\_\_  
Date