MARYLAND BOARD OF NURSING
PETITION FOR NON-ORGANIZATION REGISTERED NURSE AND LICENSED PRACTICAL NURSE NOMINEES

Candidate Information
Name: Address: License Number: Signature:

Names of at least 25 Registered Nurses or Licensed Practical Nurses
*****NOTE: <u>Signature of Licensees must be for the type of license being nominated</u>*****
RN for RN nominees and LPN for LPN nominees

Name of Nurse	Maryland License Number	Contact Information (phone or email)	Signature