

CONVERSION FROM INACTIVE OR VOLUNTEER TO ACTIVE

If you are in a **Non-Renewed** status please contact the Maryland Board of Nursing for further instructions at Mbon.nurselicenserenewal@maryland.gov.

Name		
Address		
City	State	Zip Code
Social Security Number		License Number
Telephone Number		Email Address

PLEASE SELECT ONE OF THE FOLLOWING RENEWAL REQUIREMENTS

	Requirements	Yes	No	Deliverables
1	Have you practiced 1000 hours in the last 5 years and selected “inactive” online in error?			If yes, please submit Conversion and Supplemental Renewal Form <hr/> If no, please go to the item #2
2	Have you completed 30 CEU’s in the past 2 years?			If yes, please submit a copy of the CEU’s completion certificate from an awarded and approved program <hr/> If no, please go to the item #3
3	Have you completed a Nurse Refresher Course?			If yes, please submit Nurse Refresher Course Certificate <hr/> If no, please contact the MBON at the above email address

A CHECK OR MONEY ORDER MADE **PAYABLE TO “MARYLAND BOARD OF NURSING”** IN THE AMOUNT OF:

RN	\$96
LPN	\$70
WCCM, FNE-A/P, CRNA	\$106
CRNP	\$121, ADD \$10 for each additional certification.

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

REVISED 08/2023