

TNA Only

Initial Application for Nursing Assistant Certification



PLEASE DO NOT SEPARATE PAGES

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

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

Nursing Assistant
Certification Program

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

Personal Profile: *Email:*

1. Last Name:

[Grid for last name]

2. Sex:

- Male
Female

4. First Name:

[Grid for first name]

3. Marital Status

- Single
Married
Separated
Divorced
Widowed

4a. Middle Name:

[Grid for middle name]

6. Maiden Name:

[Grid for maiden name]

7. Address:

[Grid for address]

5. Race:

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

8a. Apt. Number (Write APT in first three boxes):

8b. C/O (Write C/O in first three boxes):

[Grid for apt number] OR [Grid for C/O]

9. City:

[Grid for city]

10. State: See Page 3 For Codes

12. Zip Code:

[Grid for zip code]

13. Social Security Number:

[Grid for social security number]

11. County: See Page 3 For Codes

14. Home Phone:

[Grid for home phone]

15. Work Phone:

[Grid for work phone]

16. Date of Birth:

[Grid for date of birth] MONTH DAY YEAR

Education: to be completed by training program (including military and nursing education program)
Name and location of Training Program:

[Grid for training program name and location]

Date Training Program Completed:

[Grid for date completed] MONTH DAY YEAR

School Code Number:

[Grid for school code number]

This is for BOARD Use ONLY

Discipline - All Applicants MUST COMPLETE:

17. 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

to a felony?

YES
 NO

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

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.

18. Practice Requirements

A) Dialysis Technician

Did you complete a Board approved dialysis technician training program?

YES NO

B) School Health

Did you complete a Board approved school health training program?

YES NO

C) DDA

Did you complete a Board approved DDA training program?

YES NO

Signature - All Applicants MUST COMPLETE:

IF YOU HAVE PREVIOUSLY BEEN CERTIFIED AS A C.N.A. IN MARYLAND, DO NOT COMPLETE THIS APPLICATION. CONTACT THE NURSING ASSISTANT CERTIFICATION PROGRAM FOR A RENEWAL APPLICATION.

I hereby make application for certification in Maryland according to the Nurse Practice Act and the regulations of the Maryland Board of Nursing.

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

Failure to provide accurate information may result in denial of certification.

SIGNATURE (REQUIRED):

DATE:

This space is to contain a RECENT FULL FACE 2 inch by 2 inch photograph of applicant.

Photograph must be securely TAPED in place.

Newspaper photograph, etc., NOT ACCEPTABLE

PLEASE DO NOT STAPLE

Make certified check, facility check or money order payable to the "Maryland Board of Nursing "

CASH AND PERSONAL CHECKS CANNOT BE ACCEPTED

If the application is not completed within three (3) months the application will be destroyed and a new application must be filed and another fee paid.

FEE IS NOT REFUNDABLE

Training Program Certification: Must be completed by the CNA Training Program Instructor or RN/LPN student nurse:

It is hereby certified that _____
(Applicant's Full Name)

has completed _____ the Certified Nursing Assistant Training Program
(Name of Institution or Name of Nursing Education Program)

located in _____ on _____
(City, State) (Date of completion)

It is further certified that the program was approved by the Board of Nursing at the time applicant completed the program, and that the applicant demonstrated an oral competence in the English language and that his/her academic and professional standing during his/her program was satisfactory to the officers of this school.

Signature of Training Program Instructor (not required for military or nursing education students with transcripts) _____ (Date)

NOTE: Written confirmation of program completion must be submitted by the Training Program Instructor before certification as a Nursing Assistant can be confirmed.

**Code Listings
State Codes
(for Item 10)**

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

**Code Listings
Maryland County Codes
(for Item 11)**

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	CECIL	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