

**STATE OF MARYLAND**

**BOARD OF NURSING**

**WCCM VERIFICATION OF PRACTICE**

To renew your Certification as a WCCM you must submit evidence of having worked a minimum of 1000 hours specific to Workers Compensation Medical Case Management nursing during the year preceding your birth month. Please complete the top portion of this form and then submit the form to your employer for completion and verification of nursing practice as a WCCM.

**PERSONAL INFORMATION:**

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

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

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

\_\_\_\_\_

**EMPLOYER INFORMATION:**

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

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

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

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date: