Verification of Original Licensure

* Most States Charge A Fee to Verify Your Board Scores

Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215-2254
410-585-1990

APPLICANT

PART 1: To be completed by the applicant and forwarded to original state f licensure and all appropriate licensing boards.

Name (Last, First, Middle, Maiden)		Previous Name(s)		
Current Street Address		City	State	Zip
Date of Birth (MM/DD/YYYY)	Social Security Number	Nursing Education Program		Degree Granted
Name as it appears on original license (Last, First, Middle, Maiden)		City of Program	State	Date of Completion
Original State of Licensure	Issue Date of Original License	Original License #	Type of License ☐ RN ☐ LP/VN	
Current State of Licensure	Issue Date of Current License	Current License #	Type of License ☐ RN ☐ LP/VN	

LIST ALL OTHER STATES OF LICENSURE

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

I hereby authorize all identified Boards of Nursing to release my licensure data to the Maryland Board of Nursing

Signature: _____

Date: _____

LICENSE BOARD

PART 2: To be completed by licensing board and forwarded to the Maryland Board of Nursing.

This is to certify that _____ was issued License number _____ Date Issued: _____
(Applicant Name) to practice ☐ Registered Nursing ☐ Practical/Vocational Nursing

Licensed by: ☐ Examination ☐ Endorsement ☐ Waiver

Current License Status: ☐ Active ☐ Inactive ☐ Lapsed Expiration Date: _____

Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, or placed on probation)? ☐ Yes ☐ No

Disciplinary action pending? ☐ Yes ☐ No Please explain YES responses on reverse side.

ORIGINAL LICENSE BD

Part 3: To be completed only by original state of licensure and forwarded to the Maryland Board of Nursing.

Nursing Education Program Completed	Approved by State? ☐ Yes ☐ No	Graduated from : ☐ H.S. ☐ H.S. Equivalency ☐ 10th Grade
Location (city/state)	Graduation Date	Type of Nursing Program ☐ DIP ☐ AD ☐ BSN ☐ LPN

	STATE BOARD TEST POOL EXAMINATION Registered Nurse					LP/VN	NCLEX-RN	NCLEX-LP/VN
	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children			
Score								
Series/Form								

Score

☐ State/Provincial Constructed Exam _____

☐ CNATS Exam _____

☐ Other (please explain) _____

Number of times applicant wrote exam Dates: _____ _____

Exam in English? ☐ Yes ☐ No _____

Took CGFNS? ☐ Yes ☐ No _____

SEAL

Signature _____

Title _____

State _____ Date _____