

**MARYLAND BOARD OF NURSING  
DISCIPLINE AND COMPLIANCE DIVISION  
4140 PATTERSON AVENUE  
BALTIMORE, MARYLAND 21215-2254**

**PROBATION SELF-REPORT FORM**

**ATTN:** Compliance Division

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This report covers only the current quarter of 20\_\_\_\_: Jan Apr Jul Oct  
This report may be faxed or emailed no more than 1 week prior to the due date

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

**Name:** \_\_\_\_\_ **License/Certificate#:** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

- This is a Change of Address  
 This is a temporary address; the address below is:

**Alternate**

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

**Phone (Home):** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**CURRENT**

**EMPLOYMENT** (List ALL additional current employment information on the back of this page)

**Facility/Patient:** \_\_\_\_\_

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

**Supervisor(s):** \_\_\_\_\_

**Supervisor's Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Date Employed:** \_\_\_\_\_ **Date Terminated/Resigned:** \_\_\_\_\_

**If Terminated or Resigned** \_\_\_\_\_

**Explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is this employment as a:**  RN  LPN  CNA  CMT  ELECTROLOGIST

I am unemployed (Last date of employment \_\_\_\_\_)

