



Notification of Existing Board of Nursing Order

The licensee asking you to complete this form is currently under the conditions and terms of a Board of Nursing Order. A Compliance Case Manager with the Maryland Board of Nursing is monitoring the licensee’s compliance with the Order. Please complete this form and return it to the Board via mail, email or fax.

**ATTN:** Monitoring Division  
Tonya Spruill, 410-585-1908  
Keva Jackson-McCoy, 410585-1953  
Fax: 410-358-1499  
Email Address: [mbon.nursemonitoringdept@maryland.gov](mailto:mbon.nursemonitoringdept@maryland.gov)

**THIS FORM MUST BE SUBMITTED BY THE EMPLOYER OR SUPERVISOR.**

Licensee Name

Licensee Signature

Date Requested

**TO BE COMPLETED BY THE WORKSITE MONITOR/SUPERVISOR**

Name of Person  
Notified  
Signature of Person  
Notified

- Did the licensee inform you of the Board’s Order, or Consent Order?  
 Yes  No      If yes, when were you notified?
- Did the licensee provide you with a complete copy of the Board’s Order, including all *Findings of Fact* and the Board’s action?  
 Yes  No      If yes, when were you notified?
- Do you agree to complete required monthly / quarterly reports, if appropriate?  
 Yes  No

Date  
Telephone  
Role of Person  
Notified  
Title of Person  
Notified  
Agency or Facility

Address

City/State/Zip

If you answered “No” to either of the above questions, please contact the above board staff immediately at the Board of Nursing at 410-585-1953. **Please feel free to add any comments you wish to the back of this form.**