



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Memorandum

TO: Forensic Nurse Examiner (FNE) Training Program Approval Applicants

FROM: The Maryland Board of Nursing

RE: **Application for Approval of an initial/renewal FNE Training Program**

To assist your FNE Training Program initial/renewal process; enclosed is an application for Program Approval from the Maryland Board of Nursing. Also included are instructions for completing the application accompanied with an Approval Grid. Please follow the instructions, closely, when you complete your application.

All FNE Training Programs must be approved by the MBON, COMAR 10.27.07-.09; “The Board, shall approve each FNE training program prior to its implementation and provided periodic survey of all programs in the State.” The Board reviews programs for initial approval and renewal on a monthly basis. Applications received by the 1st of the month will be submitted at that month’s regularly scheduled board meeting if all required documents are submitted.

A thoroughly completed application accompanied by the required documents will progress approval and renewal of your program. Please submit your information electronically as a PDF and scan your documents in the order requested on the application. No faxed documents will be accepted. Please send your completed application to:

Email: mbon.mexpandedroles@maryland.gov

Thank you for your assistance in helping the MBON meet its mission: to advance safe, quality care in Maryland through licensure, certification, education, and accountability for public protection.



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APPLICATION

Forensic Nurse Examiner

Training Program Approval



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INFORMATION REQUIRED FOR FORENSIC NURSE EXAMINER PROGRAM

The Board of Nursing must review and approve an applicant's Forensic Nurse Examiner educational program prior to issuing a Forensic Nurse Examiner certification to practice in Maryland. The program approval process is associated with Maryland Regulation 10.27.21.01-.09 (Registered Nurse-Forensic Nurse Examiner).

The answers to the following questions will assist the Board's review of your Forensic Nurse Examiner program. Please include appropriate documentation to support the information you submit.

Initial
Renewal

ANSWER THE FOLLOWING QUESTIONS:

NAME AND FULL ADDRESS OF FORENSIC NURSE PROGRAM	
PROGRAM EDUCATOR, NAME, TITLE, TELEPHONE NUMBER AND E-MAIL:	
Does the program include both FNE-A and FNE-P components?	
PROGRAM:	<input type="checkbox"/> Classroom <input type="checkbox"/> Online
DATE OF PROGRAM OPERATION:	

ACCREDITATION	
IS THE PROGRAM AFFILIATED WITH OR CONDUCTED BY A MEDICAL, PUBLIC HEALTH NURSING OR NURSING FACILITY?	<input type="checkbox"/> YES If Yes, please provide affiliation information <input type="checkbox"/> NO

WHAT ARE THE ADMISSION REQUIREMENTS?		
How are students evaluated in clinical setting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the Didactic and Clinical Experiences the same as existing FNE Programs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ARE THE STUDENTS REGISTERED NURSES WHO HAVE AT LEAST 18 MONTHS OF CONTINUING CLINICAL EXPERIENCE AS A REGISTERED NURSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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CLINICAL PRACTICE PROGRAM HOURS

Number of Hours Provided/Completed:	
Supervisor Name, Title, Telephone Number, and E-Mail:	

SUBMIT A SAMPLE [FULL-TIME] CURRENT PROGRAM OF STUDY FOR THE FNE PROGRAM OR PROGRAMS

SUBMIT COURSE DESCRIPTIONS/CURRICULM FOR THE FNE PROGRAM OR PROGRAMS

SUBMIT LIST OF FACULTY FOR THE FNE PROGRAM OR PROGRAMS

**FORWARD
COMPLETED
APPLICATION BY:**

mbon.rnexpandedroles@maryland.gov

EMAIL:

Revised: 8/2021