



**DECLARATION OF PRIMARY STATE OF RESIDENCE
 FOR PURPOSES OF THE NURSE LICENSURE COMPACT**

For registered nurses and licensed practical nurses only

<i>PART I: Licensee Information</i>			
Full Name: _____	License No.: _____		
E-mail address: _____	Phone Number: _____		
Current Address: _____			
Street/Apartment No.			
_____	_____	_____	_____
City	County	State	Zip Code

<i>PART II: Purpose for Filing</i>
<p>Please check one:</p> <p><input type="checkbox"/> I am applying for a license to practice as a registered nurse or licensed practical nurse in Maryland by:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Examination <input type="checkbox"/> Endorsement</p> <p><input type="checkbox"/> I am applying for renewal of my license to practice as a registered nurse or licensed practical nurse in Maryland.</p> <p><input type="checkbox"/> I am applying for reinstatement of my license to practice as a registered nurse or licensed practical nurse in Maryland.</p> <p><input type="checkbox"/> I am moving to another State.</p>

<i>PART III: Declaration of Primary State of Residence</i>
<p>Please check one declaration:</p> <p><input type="checkbox"/> I declare that Maryland is my primary state of residence. I am eligible for a multistate Maryland license under the Compact. Any of my formerly-held licenses in other Compact states will be deactivated.</p> <p><input type="checkbox"/> I declare that the Compact state of _____ is my primary state of residence. I am not eligible for a multistate Maryland license under the Compact. My formerly-held Maryland license will be deactivated.</p> <p><input type="checkbox"/> I declare that the non-Compact state or country of _____ is my primary state of residence. I am eligible for a single-state Maryland license only. Any license that I hold in a non-Compact state or country will remain valid.</p> <p>One or more of the following documents <u>may be</u> requested to verify primary state of residence:</p> <ul style="list-style-type: none"> -Driver's license with home address -Voter's registration card with home address -Federal income tax return declaring state of residence -Military Form No. 2058, state of legal residence certificate -W2 from a federal agency, bureau, or division, indicating the declared state of residence

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. I understand that providing false or misleading information may result in disciplinary action by the Board.

 Signature _____
Date