



INSTRUCTIONS FOR THE APPLICANT  
APPLICATION FOR CERTIFICATION TO PRACTICE AS A NURSE PRACTITIONER

CRITERIA FOR NURSE PRACTITIONER CERTIFICATION

- 1) Based on your RN licensure status, provide the following information to the Maryland Board of Nursing:

<i>If you have or ever had a Maryland RN number—whether it is current, inactive or non-renewed—submit the following:</i>	<i>If you have a Current Compact State RN License, submit:</i>	<i>If you have neither a current Maryland nor a Compact State RN license, submit the following:</i>
<ul style="list-style-type: none"> <li>• If inactive or non-renewed, please reactivate your Maryland RN number (unless you are living in a Compact state)</li> <li>• Certification application</li> <li>• Official transcript(s)</li> <li>• Copy of current national certification OR letter of eligibility to take the certification exam</li> <li>• <b>Attestation form completed before you begin practice</b> (see links below). <i>The Attestation may be submitted with the certification application.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Certification application</li> <li>• Copy of compact license</li> <li>• Declaration of residence form</li> <li>• Official transcript(s)</li> <li>• Copy of current national certification OR letter of eligibility to take the certification exam</li> <li>• <b>Attestation form completed before you begin practice</b> (see links below). <i>The Attestation may be submitted with the certification application.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Application for licensure by endorsement.</li> <li>• Fingerprinting Receipt.</li> <li>• Verification of initial licensure by examination from original state of RN licensure.</li> <li>• Certification application</li> <li>• Official transcript(s)</li> <li>• Copy of current national certification OR letter of eligibility to take the certification exam</li> <li>• <b>Attestation form completed before you begin practice</b> (see links below). <i>The Attestation may be submitted with the certification application.</i></li> </ul>

**Attestation Document:**

[http://www.mbon.org/adv\\_prac/attestation\\_form.pdf](http://www.mbon.org/adv_prac/attestation_form.pdf)

**Instructions for Completing the Attestation Document:**

[http://www.mbon.org/adv\\_prac/attestation\\_instructions.pdf](http://www.mbon.org/adv_prac/attestation_instructions.pdf)

- 2) Complete the NP certification application (*see pages 5, 6 & 7 of this document*) in its entirety.
- 3) If currently licensed in a Compact State, attach a copy of your current registered nurse license.

**NOTE:** *A compact license means you are declaring the state in which you live as your permanent address and that state is part of the Registered Nurse Compact. For example, if you reside in Virginia and hold a Virginia compact license, you would provide a copy of your Virginia RN license with your NP application.*

- 4) If applying for RN licensure by endorsement:
  - a) Request an endorsement packet and follow the instructions for “Licensure by Endorsement” available on the MBON web site at:  
<http://www.mbon.org/main.php?v=norm&p=0&c=licensure/endorsement.html>
  - b) Request verification of your initial licensure by examination via NURSYS or the original state of licensure. The URL link to NURSYS is as follows:  
<https://www.nursys.com/NLV/TermsConditionsNLV.aspx>.
  - c) Obtain fingerprints through the Criminal Information Justice System (CJIS). Instructions for obtaining fingerprints are included in the Endorsement packet.
- 5) Obtain an official final transcript from your nurse practitioner program.

**NOTE:** *If you attended more than one school to become an NP you must submit an official transcript from each program.*

- a) Your transcript(s) must show proof of having completed the following along with other course work.
  - i) Advanced pharmacology
  - ii) Advanced Pathophysiology
  - iii) Advance Physical Assessment
- 6) All nurse practitioner programs must be approved by the Maryland Board of Nursing. If your program has not been approved your application will not be processed until approval has been obtained. A list of approved programs may be viewed on our website at:  
[http://www.mbon.org/adv\\_prac/approved\\_np\\_programs.pdf](http://www.mbon.org/adv_prac/approved_np_programs.pdf)

**NOTE:** *If your school does not appear on the approved list, print the Program Approval Form and submit to your school for completion and have the school send it directly to the Maryland Board of Nursing’s Advanced Practice Department.*  
[http://www.mbon.org/adv\\_prac/program\\_approval\\_form.pdf](http://www.mbon.org/adv_prac/program_approval_form.pdf)

- 7) Review the following page of certifications approved by the Maryland Board. Attach a copy of your current national certification certificate or your letter of eligibility if you are applying for Graduate NP status.
- 8) If applying for Graduate NP status, you need to complete the GRADUATE AGREEMENT as part of your Attestation document. *Click here to access the Graduate Supervision forms:* [http://www.mbon.org/adv\\_prac/graduate\\_agreement.pdf](http://www.mbon.org/adv_prac/graduate_agreement.pdf)
- 9) Submit the \$50.00 non-refundable application fee for initial NP certification or \$25.00 for each additional area of NP certification. Make your check or money order payable to the Maryland Board of Nursing.



**NATIONAL CERTIFICATION BOARDS  
AND  
EXAMINATIONS ACCEPTED BY THE MARYLAND BOARD OF NURSING**

THE MARYLAND BOARD OF NURSING CURRENTLY ACCEPTS THE FOLLOWING NATIONAL CERTIFICATION EXAMINATIONS FOR NURSE PRACTITIONERS SPECIALTIES. CERTIFICATION FROM BOARDS OTHER THAN THE FOLLOWING WILL NOT CURRENTLY QUALIFY YOU FOR CERTIFICATION AS A NURSE PRACTITIONER IN MARYLAND.

<b>ANCC American Nurses Credentialing Center</b>
Acute Care Nurse Practitioner
Adult Nurse Practitioner
Family Nurse Practitioner
Geriatric Nurse Practitioner
Pediatric Nurse Practitioner
Psychiatric Mental Health-Nurse Practitioner

<b>AANP American Academy of Nurse Practitioners</b>
Adult Nurse Practitioner
Family Nurse Practitioner

<b>AACN Certification Corporation American Association of Critical-Care Nurses</b>
Acute Care Nurse Practitioner

<b>NCC National Certification Corporation</b>
Neonatal Nurse Practitioner
Women's Health / OB-GYN Nurse Practitioner

<b>PNCB Pediatric Nursing Certification Board</b>
Pediatric Nurse Practitioner – Acute Care
Pediatric Nurse Practitioner – Primary Care

IF YOU HAVE QUESTIONS YOU MAY TELEPHONE THE BOARD AT (410) 585-1926 OR (410) 585-1909

STATE OF MARYLAND



MARYLAND BOARD OF NURSING  
 4140 PATTERSON AVENUE  
 BALTIMORE, MARYLAND 21215-2254

(410) 585-1900 (410) 358-3530 FAX  
 (410) 585-1978 AUTOMATED VERIFICATION  
 1-888-202-9861 TOLL FREE

MARYLAND BOARD OF NURSING  
 APPLICATION FOR NURSE PRACTITIONER CERTIFICATION

I hereby make application for certification to practice as a Nurse Practitioner in the State of Maryland in accordance with the Maryland Annotated Code, Health Occupations Article, Section 8-205 and the Regulations Governing the Practice of Nurse Practitioners (10.27.07) and submit the following evidence of my qualifications for certification.

NON-REFUNDABLE FEE: \$50.00

PAGE 1 OF 3

<b>NAME:</b>			
	LAST	FIRST	MIDDLE OR MAIDEN

<b>ADDRESS:</b>	
-----------------	--

NUMBER AND STREET (UNLESS THE ADVANCED PRACTICE DEPARTMENT RECEIVES WRITTEN NOTIFICATION OF A CHANGE OF ADDRESS, ALL CORRESPONDENCE ASSOCIATED WITH THIS APPLICATION WILL BE MAILED TO THE ABOVE ADDRESS.

CITY	STATE	ZIP CODE

<b>MARYLAND RN LICENSE #:</b> _____	_____ <b>PENDING</b>	<b>DATE OF BIRTH:</b> _____	<b>SOCIAL SECURITY #:</b> ____ - ____ - ____
-------------------------------------	----------------------	-----------------------------	----------------------------------------------

<b>WORK TELEPHONE:</b>		<b>HOME TELEPHONE:</b>	
		<b>CELL PHONE:</b>	
<b>E-MAIL ADDRESS:</b>			

I AM APPLYING FOR CERTIFICATION AS A _____ NURSE PRACTITIONER (FAMILY, ADULT, ETC.).
--------------------------------------------------------------------------------------

<b>NURSE PRACTITIONER PROGRAM</b>	
<b>NAME OF SCHOOL:</b>	
<b>ADDRESS: CITY, STATE, ZIP:</b>	
<b>AREA OF SPECIALIZATION OR PROGRAM/TRACK:</b>	
<b>WHICH PROGRAM REVIEW BOARD ISSUED OFFICIAL ACCREDITATION FOR THIS PROGRAM? (CHECK ALL THAT APPLY)</b> ___ CCNE                      ___ NLNAC	
<b>DEGREE OR CERTIFICATE CONFERRED:</b>	<b>YEAR OF GRADUATION OR DATE OF COMPLETION:</b>

<b>NATIONAL CERTIFICATION EXAMINATION</b>			
<b>HAVE YOU PASSED A NATIONAL CERTIFYING EXAMINATION?</b>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>PENDING</b>
<b>AREA OF SPECIALIZATION:</b>			
<b>DATE OF ORIGINAL CERTIFICATION:</b>			
<b>EXPIRATION DATE OF YOUR CURRENT CERTIFICATION OR RECERTIFICATION:</b>	<b>ATTACH A COPY OF YOUR CURRENT CERTIFICATION OR RECERTIFICATION***</b>		

**PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR MARYLAND ADVANCED PRACTICE CERTIFICATE:**



## DECLARATION OF RESIDENCE FOR ADVANCED PRACTICE

PLEASE RETURN COMPLETED FORM WITH YOUR ORIGINAL SIGNATURE  
TO THE MARYLAND BOARD OF NURSING

NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

(CURRENT MAILING ADDRESS)

CITY:

\_\_\_\_\_

STATE:

ZIP CODE

\_\_\_\_\_

*Nursing License Number*

*ISSUING  
STATE*

\_\_\_\_\_

I DECLARE  
THAT

IS MY LEGAL STATE OF RESIDENCE

\_\_\_\_\_

\_\_\_\_\_  
*Original SIGNATURE AND DATE*

**ENCLOSE COPIES OF TWO OF THE FOLLOWING  
OFFICIAL PROOFS OF RESIDENCY**

- **CURRENT DRIVER'S LICENSE – MUST INCLUDE A HOME STREET ADDRESS**
- **Voter's registration card**
- **Federal income tax return**
- **W2 from any US government, bureau division or agency**
- **Military Form #2058-state of legal residence certificate**