



CONVERSION FROM INACTIVE OR VOLUNTEER TO ACTIVE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

TELEPHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

HAVE YOU PRACTICED 1000 HOURS IN LAST FIVE YEARS? (CHECK ONE) YES \_\_\_\_\_ NO \_\_\_\_\_

REQUIREMENTS:

IF YOU ANSWERED YES TO THE ABOVE QUESTION:

AND YOU INCORRECTLY SELECTED "INACTIVE" WHEN PROCESSING YOUR PAPER RENEWAL FORM OR ON-LINE RENEWAL, PLEASE CIRCLE THE TYPE OF RENEWAL YOU COMPLETED (ON-LINE OR PAPER), SEE THE DELIVERABLES SECTION BEOW, SIGN, AND DATE.

IF YOU ANSWERED YES TO THE ABOVE QUESTION:

YOU MUST SUBMIT INFORMATION FROM YOUR LAST OR CURRENT EMPLOYER INDICATING PROOF OF YOUR HAVING WORKED 1000 HOURS IN THE PAST 5 YEARS - COMPLETE THE SUPPLEMENTAL RENEWAL FORM AND ATTACH.

IF YOU ANSWERED NO TO THE ABOVE QUESTION:

YOU MUST SUBMIT A COPY OF COMPLETION OF A REFRESHER COURSE APPROVED BY THE BOARD OR A PRECEPTORSHIP PROGRAM APPROVED BY THE BOARD. (NURSE PRACTICE ACT: COMAR 8-312)

DELIVERABLES:

IF YOU MEET ONE OR MORE OF THE ABOVE REQUIREMENTS:

YOU MUST SEND THIS COMPLETED FORM WITH:

A. DOCUMENT(S) REQUESTED FROM ABOVE REQUIREMENTS.

B. A CHECK OR MONEY ORDER MADE PAYABLE TO "MARYLAND BOARD OF NURSING" IN THE AMOUNT OF:

- \$49.00 FOR RN's
• \$54.00 FOR ADVANCED PRACTICE RN's
THIS INCLUDES THE RN & THE FIRST ADVANCED PRACTICE CERTIFICATION. IF YOU HAVE MORE THAN ONE ADVANCED PRACTICE CERTIFICATION, ADD \$5.00 FOR EACH ADDITIONAL CERTIFICATION.
• \$35.00 FOR LPN's

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_