



**CRITERIA FOR NURSE PRACTITIONER CERTIFICATION
& INSTRUCTIONS FOR THE APPLICANT**

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"> • If inactive or non-renewed, please reactivate your Maryland RN number (unless you are living in a Compact state) • Certification application • Declaration of residence form • Sealed official transcript(s) • Copy of current national certification OR letter of eligibility to take the certification exam • Effective October 1, 2015: If you have never been certified in Maryland or any other state you are required to have a Mentor for 18 months from the date of application. Your Mentor must be a Maryland licensed Nurse Practitioner or Physician with a license in good standing. 	<ul style="list-style-type: none"> • Certification application • Copy of Compact license • Declaration of residence form • Sealed official transcript(s) • Copy of current national certification OR letter of eligibility to take the certification exam • Effective October 1, 2015: If you have never been certified in Maryland or any other state you are required to have a Mentor for 18 months from the date of application. Your Mentor must be a Maryland licensed Nurse Practitioner or Physician with a license in good standing. 	<ul style="list-style-type: none"> • Application for licensure by endorsement (https://license.mdbon.org/NETS/Home.asp) • Certification application • Declaration of residence form • Sealed official transcript(s) • Copy of current national certification OR letter of eligibility to take the certification exam if applying for graduate status • Effective October 1, 2015: If you have never been certified in Maryland or any other state you are required to have a Mentor for 18 months from the date of application. Your Mentor must be a Maryland licensed Nurse Practitioner or Physician with a license in good standing.

2) Complete the NP certification application (*see pages 4, 5 & 6 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) Follow the instructions for “Online Initial Applications” available on the MBON web site or click the following link: <http://mbon.maryland.gov/Pages/olinitis-index.aspx>.
 - b) Request verification of your initial licensure by examination via NURSYS or the original state of RN licensure. The URL link to NURSYS is as follows: <https://www.nursys.com/NLV/NLVTerms.aspx>.
 - c) Obtain fingerprints through the Criminal Information Justice System (CJIS). Instructions for obtaining fingerprints are included in the online instructions.
- 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) Advanced 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://mbon.maryland.gov/Documents/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://mbon.maryland.gov/Documents/program_approval_form.pdf
- 7) **Effective October 1, 2015:** If you have never been certified in Maryland or any other state you are required to have a Mentor for 18 months from the date of application. Your Mentor must be a Maryland licensed Nurse Practitioner or Physician with a license in good standing.
- 8) 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.
- 9) 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://mbon.maryland.gov/Documents/graduate_agreement.pdf
- 10) 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.
- 11) Allow approximately 2 – 4 weeks for processing. Incomplete applications will require additional processing time.



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 PRACTITIONER SPECIALTIES. CERTIFICATION FROM BOARDS OTHER THAN THE FOLLOWING WILL NOT CURRENTLY QUALIFY YOU FOR CERTIFICATION AS A NURSE PRACTITIONER IN MARYLAND.

ANCC
American Nurses Credentialing Center

- Acute Care Nurse Practitioner
- Adult Nurse Practitioner
- Adult Gerontology Acute Care Nurse Practitioner
- Adult Gerontology Primary Care Nurse Practitioner
- Adult Psychiatric Mental Health Nurse Practitioner
- Family Psychiatric Mental Health Nurse Practitioner
- Family Nurse Practitioner
- Geriatric Nurse Practitioner
- Pediatric Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioner

AANP
American Academy of Nurse Practitioners

- Adult Nurse Practitioner
- Family Nurse Practitioner
- Adult Gerontology Primary Care Nurse Practitioner

AACN Certification Corporation
American Association of Critical-Care Nurses

- Acute Care Nurse Practitioner

NCC
National Certification Corporation

- Neonatal Nurse Practitioner
- Women's Health Care/ OB-GYN Nurse Practitioner

PNCB
Pediatric Nursing Certification Board

- Pediatric Nurse Practitioner – Acute Care
- Pediatric Nurse Practitioner – Primary Care

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.

THIS DOCUMENT MUST BE TYPED -- PLEASE DO NOT FAX OR EMAIL THIS FORM TO THE BOARD

NON-REFUNDABLE FEE: \$50.00

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NAME: LAST FIRST MIDDLE OR MAIDEN

ADDRESS:

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

MARYLAND RN LICENSE #: PENDING DATE OF BIRTH: SOCIAL SECURITY #:

WORK TELEPHONE: HOME TELEPHONE: CELL PHONE: E-MAIL ADDRESS:

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

NURSE PRACTITIONER PROGRAM	
NAME OF SCHOOL:	
ADDRESS: CITY, STATE, ZIP:	
AREA OF SPECIALIZATION OR PROGRAM/TRACK:	
WHICH PROGRAM REVIEW BOARD ISSUED OFFICIAL ACCREDITATION FOR THIS PROGRAM? (CHECK ALL THAT APPLY) <input type="checkbox"/> CCNE <input type="checkbox"/> ACEN (FORMERLY NLNAC)	
DEGREE OR CERTIFICATE CONFERRED: <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS <input type="checkbox"/> DNP	YEAR OF GRADUATION OR DATE OF COMPLETION:

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

Is this your first certification in this or any other state? YES NO

If **YES** you are required to have a Mentor for 18 months from the date of application. Your Mentor must be a Maryland licensed Physician or Nurse Practitioner with a license in good standing.

MENTOR'S NAME: _____ LICENSE NUMBER: _____

I (TYPE LEGAL NAME) _____ hereby declare and affirm that all information contained in this form is true and complete to the best of my knowledge, information, and belief. (Providing false or misleading information may result in disciplinary action by the Board.)

SIGNATURE: _____ DATE SIGNED: _____

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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**

A Current Driver's License or State ID

– AND –

- Voter's Registration Card displaying the primary state of residency
- Military Form #2058 -- State of Legal Residence Certificate may be accepted to document the declared state of residence