



PROFESSIONAL INFORMATION (IF APPLICABLE)

Professional license \_\_\_\_\_ Effective Date(s) \_\_\_\_\_

Registry or certification \_\_\_\_\_ Effective Date (s) \_\_\_\_\_

Out of State Licenses \_\_\_\_\_

Is registration or licensing pending? \_\_\_\_\_

To your knowledge, are you currently the subject of a complaint or are you under investigation by any professional licensure or registration body (such as a State Attorney Grievance Commission or a State Board of Nursing?)

( ) Yes ( ) No - If you answer "yes", please note below all details known to you regarding this complaint or investigation: \_\_\_\_\_

Has your license ever been suspended or revoked or have you otherwise been reprimanded, disciplined or sanctioned by any professional licensure or registration body? ( ) Yes ( ) No - If you answer is "yes" please explain \_\_\_\_\_

Are you currently the subject of any criminal or other charges that could affect your license or registration to practice in your profession if found mentorious. ( ) Yes ( ) No - If you answer is "yes" please explain \_\_\_\_\_

Is any non-complete, non-solicitation, non-disclosure, or similar agreement applicable to your current activities?

( ) Yes ( ) No

If you answer is "yes" attach copy of the agreement to this application.

WILL VERIFY ALL NURSING LICENSES THROUGH MARYLAND BOARD OF NURSING (MBON)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date