



***RN/LPN LICENSURE & NA CERTIFICATION VERIFICATION/RENEWAL FORM***

**TO BE COMPLETED BY EMPLOYEE**

Name \_\_\_\_\_  
Last First Middle or Maiden

Start Date \_\_\_\_\_ Position \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Phone \_\_\_\_\_

License/Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Actual     Letter from the Maryland Board of Nursing     Temporary

\*Actual license must be presented to the INTRASTAFF Office as soon as it arrives.\*

Have you ever had a complaint filed with any State Board of Nursing?     Yes     No

If yes, what was the date/nature of the complaint? \_\_\_\_\_

What is the current disposition of the complaint? \_\_\_\_\_

Do you have any current or previous restriction on your license/certification?     Yes     No

If yes, please explain: \_\_\_\_\_

Are you currently licensed/certified to practice in any other state besides Maryland?     Yes     No

If so, please list: \_\_\_\_\_

I hereby certify that the information concerning my license/certification is accurate and understand that I must maintain my license as a condition of my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR INTRASTAFF USE ONLY**

This is to verify that \_\_\_\_\_ has presented his/her license/certification to INTRASTAFF and may practice as a licensed/certified employee per the Maryland Board of Nursing.

Second form of ID:     JHM ID     Driver's License     Other Photo ID

License/Certification Number \_\_\_\_\_ Current Status of License \_\_\_\_\_

Expiration Date \_\_\_\_\_ Information Current as of \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_