



An Organizational Affiliate of Maryland Nurses Association

***CHEMICAL DEPENDENCY NURSING
CERTIFICATION RENEWAL APPLICATION CHECKLIST***

_____ Part 1: Applicant Information

_____ Part 2: Employment Verification

_____ Part 3: Chemical Dependency Continuing
Education Summary (30 Hours)

_____ Part 4: General Continuing Education
Summary (10 Hrs)



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CERTIFICATION RENEWAL NOTICE

Part 1: Applicant Information

Name: _____	Certification No.: _____ _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> <i>The above is a new address and/or phone number.</i>	

Part 2: Employment Information
(Complete only if information has changed)

Employer Name: _____	
Employer Address: _____	
Area of Practice: _____	
Phone: _____	Fax No.: _____
Supervisor's Signature _____	

TOTAL HOURS OF PRACTICE IN LAST 2 YEARS: _____

Payment Method

- Check (Make check payable to MACDN)
- Money order

Signature: _____ **Date** _____

Return completed renewal form to:
MACDN
P.O. Box 24721
Baltimore, Maryland 21220
Phone: 410-574-0096, Cell. 410-302-0180
Fee: \$100.00 for Members; \$200.00 for Non-Members

Part 3:
Chemical Dependency Continuing Education Summary

Date	Course Title	Hours

TOTAL HOURS _____

1. Copies of certificates, transcripts, and/or other documentation must accompany this summary.
2. To compute contact hours from college courses:
 - 1 College Semester Credit = 15 Contact Hours
 - 1 College Quarter Credit = 10 Contact Hours

**Part 4:
General Continuing Education Summary**

Date	Course Title	Hours

TOTAL HOURS _____

1. Copies of certificates, transcripts, and/or other documentation must accompany this summary.

2. To compute contact hours from college courses:
 - 1 College Semester Credit = 15 Contact Hours
 - 1 College Quarter Credit = 10 Contact Hours