

ACTIVE DUTY MILITARY SERVICEMEMBER OR SPOUSE OUT-OF-STATE OCCUPATIONAL LICENSE RECOGNITION APPLICATION

In accordance with provisions in the the Veterans Auto and Education Improvement Act of 2022 (VAEIA), active duty servicemembers or their spouses who hold and maintain an occupational license in good standing in another state shall have their license considered valid at a similar scope of practice or discipline in Maryland. This provision to practice applies if you or your spouse have received orders to be stationed in Maryland and is valid for as long as that military placement remains in Maryland. **For full eligibility information, visit [our website](#) before submitting this application.**

Please be advised that this is NOT an application for permanent licensure or certification in the State of Maryland. Rather, this is an application for a letter of recognition that will allow you to practice in Maryland without obtaining licensure, while you or your spouse are under military orders for military service in Maryland, provided you meet all requirements. *There is no fee associated with this application.*

If you seek a Maryland professional license or certificate that does not expire when your or your spouse's Maryland military orders expire, DO NOT complete this application. Instead, complete the application for permanent licensure/certification by examination or permanent licensure/certification by endorsement/reciprocity, whichever is appropriate. There is a fee associated with those applications and they can be found on your [board or program's website](#).

Please send this completed application as well as all relevant documents from the checklist provided below **by email** to the appropriate board, commission, or licensing program. **You can find their email addresses [on our website](#).**

Note: There may be other documents required to practice for specific licenses. If these documents are required, a representative from the board, commission, or program will contact you to submit them.

PERSONAL INFORMATION

FULL NAME: _____
FIRST MIDDLE LAST SUFFIX

ADDRESS: _____

CITY STATE ZIP CODE

MILITARY SERVICEMEMBER OR SPOUSE: Servicemember Spouse

DUTY STATION: _____

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____
000 - 00 - 0000 MM / DD / YYY

PLACE OF BIRTH: I was born in the United States _____
CITY, STATE

I was born outside of the United States _____
CITY, COUNTRY

DAYTIME PHONE NUMBER: _____

PERSONAL EMAIL ADDRESS: _____

BUSINESS EMAIL ADDRESS: _____

You may use the same email address in both "Personal Email Address" and "Business Email Address". However, please note that your business address may be released upon request from a third party. Your personal email address will only be used for the purposes of official communications with the Department of Labor. If you wish to omit your business email from the list of licensees that the Department of Labor makes available to third-parties, you may leave that field blank.

LICENSE INFORMATION

Note: If you hold **active** licenses in multiple states, please provide the information for your most recently obtained license below and fill out the "Additional License Information Sheet" with the information for your other active licenses.

BOARD/COMMISSION/PROGRAM: _____

LICENSE TYPE: _____

SPECIALIZATION: _____
(IF APPLICABLE)

LICENSE NUMBER: _____ **STATE:** _____

ISSUE DATE: _____ **EXPIRATION DATE:** _____
MM / DD / YYYY MM / DD / YYYY

CONDUCT INFORMATION

Note: If you select YES to either of the following questions, you must provide all relevant documents listed below:

- A typed letter, giving the complete explanation of the incident(s)
- A true test copy of the applicable court documents
- A copy of the final order in your case.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN AND STATE OR FEDERAL COURT?

YES **NO**

HAVE YOU EVER HAD THIS TYPE OF LICENSE, CERTIFICATE, REGISTRATION, OR PERMIT DENIED, SUSPENDED, OR REVOKED BY MARYLAND OR ANY OTHER JURISDICTION?

YES **NO**

(410) - 230 - 6231

WORKER'S COMPENSATION INFORMATION

ARE YOU REQUIRED TO PROVIDE EMPLOYEE COVERAGE UNDER THE WORKERS COMPENSATION LAW?

YES and I have Workers Compensation Coverage.

POLICY/BINDER NO.: _____

ISSUED BY: _____

NO I am not required to have employee coverage under the Workers Compensation Law.

CERTIFICATION

I am claiming eligibility for the military licensing exemption in accordance with the Veterans Auto and Education Improvement Act of 2022 (VAEIA) and therefore affirm that:

- I am a Service Member, or the spouse of a Service Member ordered to relocate to the State of Maryland for Military Service. I will immediately notify the relevant board, commission or program of any changes or extensions to my residency in the State of Maryland due to Military orders.
- I hold a license in good standing in another state, and I acknowledge that I am only permitted to practice in Maryland if I maintain an out-of-state license and remain in good standing with each licensing authority that has issued me a license to practice in my relative area of practice in Maryland under VAEIA for the duration of my residency in the State of Maryland due to military orders.
- I have actively practiced under my current license during the two years immediately preceding the order to relocate to Maryland for Military Service.
- I acknowledge that I am subject to the laws, regulations, and discipline guidelines set for the by the relevant sections of the Maryland Annotated Code and Code of Maryland Regulations.
- I agree that I will fully cooperate with any request for information or any investigation related to my practice in the State of Maryland, including the subpoena of documents or records.

The documents and information I am submitting is true and, to the best of my knowledge, is accurate. I understand that if fraud is detected disciplinary action may result. I also agree to sign any subsequent release for information that may be requested by the Maryland Department of Labor, Division of Occupational and Professional Licensing

I hereby certify, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge, information, and belief. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I agree that the Maryland may request any information necessary to support the claim of the exemption pursuant to VAEIA, and I agree that any person or relevant entity may release to the Maryland Department of Labor the information requested. I further certify that I have paid all undisputed taxes, child support, and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection.

SIGNATURE: _____

DATE: _____

MM / DD / YYY

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ADDITIONAL LICENSE INFORMATION

BOARD/COMMISSION/PROGRAM: _____

LICENSE TYPE: _____

SPECIALIZATION: _____
(IF APPLICABLE)

LICENSE NUMBER: _____ **STATE:** _____

ISSUE DATE: _____ **EXPIRATION DATE:** _____
MM / DD / YYYY MM / DD / YYYY

BOARD/COMMISSION/PROGRAM: _____

LICENSE TYPE: _____

SPECIALIZATION: _____
(IF APPLICABLE)

LICENSE NUMBER: _____ **STATE:** _____

ISSUE DATE: _____ **EXPIRATION DATE:** _____
MM / DD / YYYY MM / DD / YYYY

BOARD/COMMISSION/PROGRAM: _____

LICENSE TYPE: _____

SPECIALIZATION: _____
(IF APPLICABLE)

LICENSE NUMBER: _____ **STATE:** _____

ISSUE DATE: _____ **EXPIRATION DATE:** _____
MM / DD / YYYY MM / DD / YYYY

BOARD/COMMISSION/PROGRAM: _____

LICENSE TYPE: _____

SPECIALIZATION: _____
(IF APPLICABLE)

LICENSE NUMBER: _____ **STATE:** _____

ISSUE DATE: _____ **EXPIRATION DATE:** _____
MM / DD / YYYY MM / DD / YYYY

DOCUMENTS CHECKLIST



VERIFICATIONS OF ANY ACTIVE LICENSE FROM OTHER STATES *(MUST BE SENT TO THE BOARD FROM THE ORIGINAL LICENSING AUTHORITY)*



MILITARY ORDERS ASSIGNING DUTY STATION IN MARYLAND



MARRIAGE CERTIFICATE *(IF MILITARY SPOUSE)*



PROOF OF RESIDENCE IN MARYLAND



ANY OTHER DOCUMENTS REQUIRED BY YOUR BOARD FOR LICENSING

Please review the [Licensing Requirements on our website](#) to verify if any additional documents are required by your board for your application. This may include insurance information, a surety bond, documents related to conduct incidents, etc.

BEFORE YOU SUBMIT THIS APPLICATION

Before you submit this application, we strongly recommend you review the [Laws and Regulations on our website](#). As your license is recognized as valid to practice in Maryland, you will be subject to all standards of practice, ethics and continuing education requirements as outlined in the Maryland Annotated Code and the Code of Maryland Regulations. Please review these documents as early as possible to verify your understanding of your legal responsibilities as licensed professional operating in the state of Maryland.

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