DEPARTMENT OF GENERAL SERVICES-STATE RECORDS CENTER

RECORDS RETENTION AND DISPOSAL SCHEDULE

SCHEDULE # 2318

DEPARTMENT OF HEALTH & MENTAL HYGIENE
BOARD OF NURSING

Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
	This Schedule supersedes Schedules 609 and 610.	
1.	**MINUTES OF THE BOARD**	Retain permanently. Transfer to Archives periodically.
2.	**ANNUAL REPORTS**	Retain permanently, Transfer to Archives periodically.
3.	**AD HOC BOARD COMMITTEE MINUTES**	Retain permanently. Retain in office until the Board accepts the final report. Transfer to Archives periodically.
4.	**FILE ON COMMITTEES AUTHORIZED BY LAWS AND REGULATIONS**	Retain permanently. Retain in office for three (3) years, then transfer to Archives.
5.	**OUT OF STATE NURSING BOARD FILE** includes nursing laws, regulations, etc.	Retain in office until superseded and replaced, then destroy
6.	**NATIONAL COUNCIL OF STATE BOARD OF NURSES FILE**	
	a. Exam Instructions	Maintain exam info in accordance with terms of appropriate exam contract.
	b. Exam applications, re-exam applications	Retain five (5) years, then destroy
	c. Council Policy Statements, Minutes of National Council meetings,	Retain one(1) year, then destroy
	d. Annual Meeting Book of Reports	Retain permanently. Transfer to Archives periodically.

APPROVED BY: (DHMH Official) DATE: 9/1/04	AUTHORIZED BY: (STATE ARCHIVES) DATE: MAY 12 2005
SIGNATURE: Donna M Dorsey	SIGNATURE: Edward C. Papenfuse
NAME/TITLE: Donna Dorsey, Executive Director	NAME/TITLE: Edward C Papenfuse, Jr., STATE ARCHIVIST

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE
BOARD OF NURSING

Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
7.	**NURSING SCHOOL FILE**	
	a. Correspondence from institutions concerning programs	Retain five (5) years then destroy
	b. Correspondence received from National League for Nursing, Inc.	Retain five (5) years then destroy
	c. Curricula	Permanent. Transfer to periodically MSA
	d. Annual School Reports	Retain ten (10) years then destroy.
	e. Board Survey reports	Retain five (5) years, then destroy.
	f. Staff Lists	Retain two (2) years, then destroy.
	g. Questionnaires	Retain two (2) years then destroy
	h. Education program prospectuses submitted by institutions	Retain two (2) years, then destroy.
	i. Printed Material-institutional, outline of courses	Retain five (5) years, then destroy.
	j. Information regarding closed programs	Permanent. Transfer periodically to MSA.
8.	**LICENSURE FILES**	
	a. Registration Files- RN and LPN	Enter into database, then destroy paper. Retain database permanently, transfer periodically to MSA.
	b. Register of Nurses	Enter into database, then destroy paper. Retain database permanently, transfer periodically to MSA.
	c. Examination Results	Enter into database, then destroy paper. Retain database permanently, transfer periodically to MSA.
	d. Temporaries	
	__ Applications	Enter into database, then destroy paper. Retain database permanently, transfer periodically to MSA.
	__ Licensure (register)	Enter into database, then destroy paper. Retain database permanently, transfer periodically to MSA.
	e. Advance practice agreements.	Retain permanently. Enter into database. Transfer periodically to MSA.
9.	**NURSING ASSISTANT CERTIFICATION PROGRAM**	
	a. Hand-entered applications	Enter into database. Retain for three (3) years. then destroy.
	b. Walk In : Duplicate, Initial, and Renewal	Enter into database. Retain for three (3) years then destroy.
	c. Renewal by mail	Enter into database. Retain for three (3) years, then destroy.

DEPARTMENT OF HEALTH & MENTAL HYGIENE
BOARD OF NURSING

Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
10.	**FINDINGS OF THE ATTORNEY GENERAL**	
	a. Opinions and rulings	Permanent. Transfer to MSA periodically.
	b. Declaratory rulings	Permanent. Transfer to MSA periodically.
	c. Recommendations regarding Board policies, procedures, and issues	Retain in office until replaced by a more current document. Destroy obsolete material.
11.	**PROGRAM CORRESPONDENCE** Incoming non-administrative correspondence, faxes, printed e-mails, etc. dealing with substantive issues, and copies of the Board's responses.	Screen annually, discarding duplicates and non-record items. Retain all correspondence relating to substantive issues for THREE (3) YEARS, then shred.
12	**SUBJECT FILE** Alphabetic file of information on various subjects related to the Nursing Profession.	Screen periodically, removing and discarding obsolete information. Destroy when no longer needed.
13.	**SPECIAL PROJECTS FILE** Materials compiled to perform special projects, studies, or make recommendations on various issues related to the Nursing Profession.	Upon completion of project, working papers may be discarded. Support documentation will be transferred to the State Records Center for ten (10) years, then destroyed. Retain a copy of the Final Report in office permanently, transferring to the Archives when no longer needed.
14.	**CORRESPONDENCE**	
	a. General letters	Retain one (1) year then destroy.
	b. Controlled correspondence	Retain three (3) years, then destroy if no longer needed.
	c. Surveys	Retain 30 days, then destroy.
	d. Requests for forms and information	Retain 30 days, then destroy.
	e. Multi-state Licensing Forms	Retain five (5) years, them destroy.

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 1 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
MINUTES OF THE BOARD

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
Recordings or transcriptions of meetings in bound books.

7. Record Series Format(s) List all

Paper:
- [ ] Letter Size
- [ ] Legal Size
- [ ] Rolls ___[ ]
- [x] Bound Book
- [ ] Card ___x___

Film / tape:
- [ ] Film/Slides (35mm, etc)
- [ ] Microfilm/ Microfiche
- [ ] Audio Tape
- [ ] Video Tape
- [ ] Other (specify)_____

Electronic:
- [ ] Kept on Hard Drive
- [ ] Computer Tape
- [ ] Floppy Disk
- [ ] CD,DVD,etc

8. Record Series Sequence
- [ ] Alphabetical
- [ ] Numerical
- [ ] Chronological
- [ ] Geographical
- [ ] Other (specify) _____

9. Volume 3 shelves.
- [ ] File Drawer(s)
- [ ] Microfilm Reel(s)
- [ ] Computer Tape(s)
- [ ] Other (specify)

_____ Number

10. Annual Accumulation
- [ ] File Drawer(s)
- [ ] Microfilm Reel(s)
- [ ] Computer Tape(s)
- [ ] Other (specify)

_____ Number

11. File is Used [ ] Daily [ ] Weekly [ ] Monthly [ ] Annually

12. File Becomes Inactive After ____ Number [ ] Month(s) [ ] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[ ] Yes (X No) Agency/ Format_____

15. Privacy / Access Restrictions [ ] Yes [ ] No
[ ] Personal [ ] Medical [ ] Proprietary [ ] Classified [ ]Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [ ] None [ ] Internal [ ] OIG [ ] Legislative [ ] Federal [ ] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[ ] Yes [ ] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Permanent

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

GS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 2 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
ANNUAL REPORTS

5. Earliest Year/Latest Year
1964 - 2004

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
one copy of each annual report

7. Record Series Format(s) List all

Paper:
[] Letter Size
[] Legal Size
[] Rolls __[]
[] Bound Book
[] Card __x__ [] Other (specify)_____
Bound report.

Film / tape:
[] Film/Slides (35mm, etc)
[] Microfilm/ Microfiche
[] Audio Tape
[] Video Tape

Electronic:
[] Kept on Hard Drive
[] Computer Tape
[] Floppy Disk
[] CD,DVD,etc

8. Record Series Sequence
[] Alphabetical
[] Numerical
[] Chronological
[] Geographical
[] Other (specify) _____

9. Volume
_____ Number
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)

10. Annual Accumulation
_____ Number
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ Number [] Month(s) [] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [X] None [] Internal [] OIG
[] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Permanent

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

GS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 3 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
AD HoC BOARD COMMITTEE Minutes

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
Recordings or transcriptions of meetings

7. Record Series Format(s) List all
Paper: ▯ Letter Size ▯ Legal Size ▯ Rolls ___▯ ▯ Bound Book ▯ Card ___x___ ▯ Other (specify)_____
Film / tape: ▯ Film/Slides (35mm, etc) ▯ Microfilm/ Microfiche ▯ Audio Tape ▯ Video Tape
Electronic: ▯ Kept on Hard Drive ▯ Computer Tape ▯ Floppy Disk ▯ CD,DVD,etc

8. Record Series Sequence
▯ Alphabetical
▯ Numerical
▯ Chronological
▯ Geographical
▯ Other (specify) _____

9. Volume
_____ Number
▯ File Drawer(s)
▯ Microfilm Reel(s)
▯ Computer Tape(s)
▯ Other (specify)

10. Annual Accumulation
_____ Number
▯ File Drawer(s)
▯ Microfilm Reel(s)
▯ Computer Tape(s)
▯ Other (specify)

11. File is Used ▯ Daily ▯ Weekly ▯ Monthly ▯ Annually

12. File Becomes Inactive After _____ Number ▯ Month(s) ▯ Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
▯ Yes X No Agency/ Format_____

15. Privacy / Access Restrictions ▯ Yes ▯ No
▯ Personal ▯ Medical ▯ Proprietary ▯ Classified ▯Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements ▯ None ▯ Internal ▯ OIG ▯ Legislative ▯ Federal ▯ Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
▯ Yes ▯ No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Permanent. Keep in office until accepted by Board

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

DGS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 4 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
FILE ON COMMITTEES AUTHORIZED BY LAWS & REGS

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
Record of proceedings in various committees.

7. Record Series Format(s) List all

Paper:
- [] Letter Size
- [] Legal Size
- [] Rolls ___[]
- [] Bound Book
- [] Card ___x___

Film / tape:
- [] Film/Slides (35mm, etc)
- [] Microfilm/ Microfiche
- [] Audio Tape
- [] Video Tape
- [] Other (specify)_____

Electronic:
- [] Kept on Hard Drive
- [] Computer Tape
- [] Floppy Disk
- [] CD,DVD,etc

8. Record Series Sequence
- [] Alphabetical
- [] Numerical
- [] Chronological
- [] Geographical
- [] Other (specify) _____

9. Volume
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

10. Annual Accumulation
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ Number [] Month(s) [] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None [] Internal [] OIG [] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Permanent

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

GS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 5 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
Out of State NURSING BOARD FILE

5. Earliest Year/Latest Year
___ to ___ 5 yrs.

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
nursing laws, regulations, etc.

7. Record Series Format(s) List all

Paper:
- [] Letter Size
- [] Legal Size
- [] Rolls ___[]
- [] Bound Book
- [] Card ___x___ [] Other (specify)_____

Film / tape:
- [] Film/Slides (35mm, etc)
- [] Microfilm/ Microfiche
- [] Audio Tape
- [] Video Tape

Electronic:
- [] Kept on Hard Drive
- [] Computer Tape
- [] Floppy Disk
- [] CD,DVD,etc

8. Record Series Sequence
- [] Alphabetical
- [] Numerical
- [] Chronological
- [] Geographical
- [] Other (specify) _____

9. Volume
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

10. Annual Accumulation
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ Number [] Month(s) [] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None [] Internal [] OIG [] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Retain until superseded

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

GS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 6 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
NATIONAL COUNCIL OF STATE BOARD OF NURSES FILE

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. Exam Instructions
b. Exam applications, re-exam applications
c. Council Policy Statements, Minutes of Nat Council Meetings
d. Annual Meeting Book of Reports.

7. Record Series Format(s) List all

Paper:
- [] Letter Size
- [] Legal Size
- [] Rolls ___[]
- [] Bound Book
- [] Card ___x___

Film / tape:
- [] Film/Slides (35mm, etc)
- [] Microfilm/ Microfiche
- [] Audio Tape
- [] Video Tape
- [] Other (specify)_____

Electronic:
- [] Kept on Hard Drive
- [] Computer Tape
- [] Floppy Disk
- [] CD,DVD,etc

8. Record Series Sequence
- [] Alphabetical
- [] Numerical
- [] Chronological
- [] Geographical
- [] Other (specify) _____

9. Volume
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

10. Annual Accumulation
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ Number [] Month(s) [] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None [] Internal [] OIG [] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
a IAW EXAM contract
b. 5 yrs
c 1yr.
d. Perm.

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

DGS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 7 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
NURSING SCHOOL FILE

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
a. Correspondence from institutions concerning programs.
b. Corr- Nat'l League for Nursing, Inc.
c. Curricula
d. Annual school reports
e. Board Survey Reports
F. Staff Lists
G. Questionnaires
H Educ. pgm prospectuses submitted by Institutions
I. Printed material - Inst
J. INFO ON CLOSED PROGRAMS

7. Record Series Format(s) List all
Paper: Film / tape: Electronic:
[] Letter Size [] Film/Slides (35mm, etc) [] Kept on Hard Drive
[] Legal Size [] Microfilm/ Microfiche [] Computer Tape
[] Rolls ___[] [] Audio Tape [] Floppy Disk
[] Bound Book [] Video Tape [] CD,DVD,etc
[] Card ___x___ [] Other (specify)_____

8. Record Series Sequence
[] Alphabetical
[] Numerical
[] Chronological
[] Geographical
[] Other (specify) _____

9. Volume
[] File Drawer(s)
[] Microfilm Reel(s)
_____ [] Computer Tape(s)
Number [] Other (specify)

10. Annual Accumulation
[] File Drawer(s)
[] Microfilm Reel(s)
_____ [] Computer Tape(s)
Number [] Other (specify)

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ [] Month(s)
Number [] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None [] Internal [] OIG
[] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
a 5 yrs d 10 yrs g 2 j perm
b 5 yrs e 5 yrs h 2
c perm. f 2 yrs i 5

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
Licensure File

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. Registration RN + LPN
b. Register of Nurses
c. Examination Results
d. Temporaries - Applications
- Licensure
e. Advance Practice Agreement

7. Record Series Format(s) List all

Paper:
[] Letter Size
[] Legal Size
[] Rolls ___[]
[] Bound Book
[] Card ___x___

Film / tape:
[] Film/Slides (35mm, etc)
[] Microfilm/ Microfiche
[] Audio Tape
[] Video Tape
[] Other (specify)_____

Electronic:
[] Kept on Hard Drive
[] Computer Tape
[] Floppy Disk
[] CD,DVD,etc

8. Record Series Sequence
[] Alphabetical
[] Numerical
[] Chronological
[] Geographical
[] Other (specify) _____

9. Volume
_____ Number
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)

10. Annual Accumulation
_____ Number
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ Number [] Month(s) [] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None [] Internal [] OIG
[] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
a.b, c, d. enter into database, then destroy paper.
e. enter into database - retain permanently.

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

GS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 8 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
Licensure File

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a - Registration - RN + LPN
b. Register of Nurses
c. Examination Results
d. Temporaries - Applications
- Licensure
e. Advance Practice Agreements

7. Record Series Format(s) List all

Paper:	Film / tape:	Electronic:
☐ Letter Size	☐ Film/Slides (35mm, etc)	☐ Kept on Hard Drive
☐ Legal Size	☐ Microfilm/ Microfiche	☐ Computer Tape
☐ Rolls ___☐	☐ Audio Tape	☐ Floppy Disk
☐ Bound Book	☐ Video Tape	☐ CD,DVD,etc
☐ Card ___x___	☐ Other (specify)_____	

8. Record Series Sequence
☐ Alphabetical
☐ Numerical
☐ Chronological
☐ Geographical
☐ Other (specify) _____

9. Volume
☐ File Drawer(s)
☐ Microfilm Reel(s)
_____ ☐ Computer Tape(s)
Number ☐ Other (specify)

10. Annual Accumulation
☐ File Drawer(s)
☐ Microfilm Reel(s)
_____ ☐ Computer Tape(s)
Number ☐ Other (specify)

11. File is Used ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually

12. File Becomes Inactive After _____ ☐ Month(s)
Number ☐ Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
☐ Yes X No Agency/ Format_____

15. Privacy / Access Restrictions ☐ Yes ☐ No
☐ Personal ☐ Medical ☐ Proprietary ☐ Classified ☐Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements ☐ None ☒ Internal ☒ OIG
☐ Legislative ☐ Federal ☐ Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
☐ Yes ☐ No _____

18. Recommended Retention: In Office And In Storage (Each Format)
ENTER INTO DATABASE
a ~~[illegible]~~, Destroy paper. ~~[illegible]~~
b Perm
c Copy to DISK Then destroy - Retain disk perm.

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

GS 550-4 (DHMH Rev. 2002)

b. copy to disk - Destroy paper. Retain Disk perm
- ~~[illegible]~~ DATABASE
c. ~~[illegible]~~ - ~~[illegible]~~ to Archives
PERMANENT -

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 2 OF 4

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
NURSING ASST CERT PGM

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. Hand-entered applications
b. Walk-in: Duplicate, Initial, Renewal.
c. Renewal by Mail

7. Record Series Format(s) List all

Paper:
[] Letter Size
[] Legal Size
[] Rolls ___[]
[] Bound Book
[] Card ___x___ [] Other (specify)_____

Film / tape:
[] Film/Slides (35mm, etc)
[] Microfilm/ Microfiche
[] Audio Tape
[] Video Tape

Electronic:
[] Kept on Hard Drive
[] Computer Tape
[] Floppy Disk
[] CD,DVD,etc

8. Record Series Sequence
[] Alphabetical
[] Numerical
[] Chronological
[] Geographical
[] Other (specify) _____

9. Volume
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)
_____ Number

10. Annual Accumulation
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)
_____ Number

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ [] Month(s) [] Year(s)
Number

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None X Internal X OIG
[] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
a. 3yrs - c. 3yr
b. 3yr Scan to database

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

GS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 10 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
Findings of the Attorney General

5. Earliest Year/Latest Year
____ to ____ 10 yrs

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a- opinions + rulings
b. Declaratory Rulings
c. Recommendations regarding Board Policies, procedures, issues.

7. Record Series Format(s) List all
Paper: ▯ Letter Size ▯ Legal Size ▯ Rolls ___▯ ▯ Bound Book ▯ Card ___x___
Film / tape: ▯ Film/Slides (35mm, etc) ▯ Microfilm/ Microfiche ▯ Audio Tape ▯ Video Tape ▯ Other (specify)_____
Electronic: ▯ Kept on Hard Drive ▯ Computer Tape ▯ Floppy Disk ▯ CD,DVD,etc

8. Record Series Sequence
▯ Alphabetical
▯ Numerical
▯ Chronological
▯ Geographical
▯ Other (specify) _____

9. Volume 2 file cabs.
▯ File Drawer(s)
▯ Microfilm Reel(s)
▯ Computer Tape(s)
▯ Other (specify)
_____ Number

10. Annual Accumulation
▯ File Drawer(s)
▯ Microfilm Reel(s)
▯ Computer Tape(s)
▯ Other (specify)
_____ Number

11. File is Used ▯ Daily ▯ Weekly ▯ Monthly ▯ Annually

12. File Becomes Inactive After _____ ▯ Month(s) ▯ Year(s)
Number

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
▯ Yes X No Agency/ Format_____

15. Privacy / Access Restrictions ▯ Yes ▯ No
▯ Personal ▯ Medical ▯ Proprietary ▯ Classified ▯Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements ▯ None ▯ Internal ▯ OIG ▯ Legislative ▯ Federal ▯ Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
▯ Yes ▯ No _____

18. Recommended Retention: In Office And In Storage (Each Format)
a. b. Permanent c. Retain until superseded.

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

GS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 11 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
Program Correspondence

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
Incoming non-administrative correspondence, faxes, printed emails, non-substantive issues with copies of Board responses.

7. Record Series Format(s) List all

Paper:
- [ ] Letter Size
- [ ] Legal Size
- [ ] Rolls ___[ ]
- [ ] Bound Book
- [ ] Card ___x___ [ ] Other (specify)_____

Film / tape:
- [ ] Film/Slides (35mm, etc)
- [ ] Microfilm/ Microfiche
- [ ] Audio Tape
- [ ] Video Tape

Electronic:
- [ ] Kept on Hard Drive
- [ ] Computer Tape
- [ ] Floppy Disk
- [ ] CD,DVD,etc

8. Record Series Sequence
- [ ] Alphabetical
- [ ] Numerical
- [ ] Chronological
- [ ] Geographical
- [ ] Other (specify) _____

9. Volume
_____ Number
- [ ] File Drawer(s)
- [ ] Microfilm Reel(s)
- [ ] Computer Tape(s)
- [ ] Other (specify)

10. Annual Accumulation
_____ Number
- [ ] File Drawer(s)
- [ ] Microfilm Reel(s)
- [ ] Computer Tape(s)
- [ ] Other (specify)

11. File is Used [ ] Daily [ ] Weekly [ ] Monthly [ ] Annually

12. File Becomes Inactive After _____ Number [ ] Month(s) [ ] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[ ] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [ ] Yes [ ] No
[ ] Personal [ ] Medical [ ] Proprietary [ ] Classified [ ]Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [ ] None [ ] Internal [ ] OIG [ ] Legislative [ ] Federal [ ] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[ ] Yes [ ] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Screen annually, discard duplicates and non-record items, Retain 3 years.

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

GS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
Subject file

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
Alphabetic segmenta file in various subjects relating to Nursing Profession

7. Record Series Format(s) List all

Paper:
- [] Letter Size
- [] Legal Size
- [] Rolls __[]
- [] Bound Book
- [] Card __x__

Film / tape:
- [] Film/Slides (35mm, etc)
- [] Microfilm/ Microfiche
- [] Audio Tape
- [] Video Tape
- [] Other (specify)_____

Electronic:
- [] Kept on Hard Drive
- [] Computer Tape
- [] Floppy Disk
- [] CD,DVD,etc

8. Record Series Sequence
- [] Alphabetical
- [] Numerical
- [] Chronological
- [] Geographical
- [] Other (specify) _____

9. Volume
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

10. Annual Accumulation
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ Number [] Month(s) [] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None [] Internal [] OIG [] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Screen periodically - remove obsolete info and destroy when no longer needed

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 13 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
Special Projects File

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
Materials compiled to perform special projects, studies, or make recommendations on various issues related to Nursing Profession.

7. Record Series Format(s) List all

Paper:
- [] Letter Size
- [] Legal Size
- [] Rolls ___[]
- [] Bound Book
- [] Card __x__ [] Other (specify)_____

Film / tape:
- [] Film/Slides (35mm, etc)
- [] Microfilm/ Microfiche
- [] Audio Tape
- [] Video Tape

Electronic:
- [] Kept on Hard Drive
- [] Computer Tape
- [] Floppy Disk
- [] CD,DVD,etc

8. Record Series Sequence
- [] Alphabetical
- [] Numerical
- [] Chronological
- [] Geographical
- [] Other (specify) _____

9. Volume
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

10. Annual Accumulation
_____ Number
- [] File Drawer(s)
- [] Microfilm Reel(s)
- [] Computer Tape(s)
- [] Other (specify)

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ Number [] Month(s) [] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None [] Internal [] OIG [] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Working papers may be discarded when no longer needed. Support documentation - 10 yrs. SEC
Final Report - permanent

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

DGS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 14 OF 14

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
BOARD OF NURSING

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title
General Correspondence (NOT program - see item 11)

5. Earliest Year/Latest Year
____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. General letters and controlled correspondence.
b. Surveys
c. Requests for forms and information
d. Multi State Licensing forms.

7. Record Series Format(s) List all

Paper:
[] Letter Size
[] Legal Size
[] Rolls __[]
[] Bound Book
[] Card __x__ [] Other (specify)_____

Film / tape:
[] Film/Slides (35mm, etc)
[] Microfilm/ Microfiche
[] Audio Tape
[] Video Tape

Electronic:
[] Kept on Hard Drive
[] Computer Tape
[] Floppy Disk
[] CD,DVD,etc

8. Record Series Sequence
[] Alphabetical
[] Numerical
[] Chronological
[] Geographical
[] Other (specify) _____

9. Volume
_____ Number
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)

10. Annual Accumulation
_____ Number
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)

11. File is Used [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ Number [] Month(s) [] Year(s)

13. Current Location(s) (Bldg., Floor, Room)
Board of Nursing –Reisterstown Road Plaza Office

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes [] No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None [] Internal [] OIG [] Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes [] No _____

18. Recommended Retention: In Office And In Storage (Each Format)
a. one year. d. 5 years.
b, c - return 30 days then destroy

19. Name and Title of Preparer
Tom Kravitz, DHMH Records Officer
E-mail address: kravitzt@dhmh.state.md.us

20. Location: 201 West Preston St Baltiimore MD 21201
Telephone Number# 410 767-5934 Room # 540 A

21. Date
September 29, 2004

DGS 550-4 (DHMH Rev. 2002)