



INFORMATION SHEET  
APPLICATION FOR NURSE ANESTHETIST GRADUATE STATUS

CRITERIA FOR MARYLAND NURSE ANESTHETIST GRADUATE STATUS

- THE NAME, LICENSE # AND ORIGINAL SIGNATURE OF A NURSE ANESTHETIST CERTIFIED BY THE MARYLAND BOARD OF NURSING WHO WILL FUNCTION AS THE SUPERVISING NURSE ANESTHETIST.
- THE NAMES AND MARYLAND MEDICAL LICENSE # OF ALL OF THE MARYLAND PHYSICIANS ENTERED INTO THIS NURSE ANESTHETIST GRADUATE AGREEMENT.
- THE ORIGINAL SIGNATURES OF THE MARYLAND PHYSICIAN, THE SUPERVISING NURSE ANESTHETIST AND THE NURSE ANESTHETIST GRADUATE

THIS APPLICATION FOR NURSE ANESTHETIST GRADUATE STATUS  
MUST BE SUBMITTED WITH THE FOLLOWING:

- A COPY OF THE OFFICIAL AUTHORIZATION TO SIT FOR THE NURSE-ANESTHETIST EXAMINATION
- THE MARYLAND BOARD OF NURSING APPLICATION FOR NURSE ANESTHETIST CERTIFICATION
- THE NURSE ANESTHETIST COLLABORATIVE AGREEMENT AND THE NURSE ANESTHETIST GRADUATE SUPERVISION AGREEMENT

MAIL TO:  
ADVANCED PRACTICE, MARYLAND BOARD OF NURSING  
4140 PATTERSON AVENUE  
BALTIMORE, MARYLAND 21215

STATE OF MARYLAND



MARYLAND BOARD OF NURSING  
4140 PATTERSON AVENUE  
BALTIMORE, MARYLAND 21215-2254

(410) 585-1900 (410) 358-3530 FAX  
(410) 585-1978 AUTOMATED VERIFICATION  
1-888-202-9861 TOLL FREE

**NURSE ANESTHETIST GRADUATE SUPERVISION AGREEMENT**

THIS DOCUMENT CONSTITUTES AN AGREEMENT BETWEEN THE FOLLOWING  
MARYLAND STATE CERTIFIED NURSE ANESTHETIST AND NURSE ANESTHETIST GRADUATE.

NURSE ANESTHETIST GRADUATE:

\_\_\_\_\_  
MARYLAND LICENSE # PRINT NAME

NURSE ANESTHETIST CERTIFIED BY  
THE MARYLAND BOARD OF  
NURSING:

\_\_\_\_\_  
MARYLAND LICENSE # PRINT NAME

THE ABOVE NAMED MARYLAND BOARD OF NURSING CERTIFIED NURSE ANESTHETIST AGREES TO PROVIDE SUPERVISION IN THE PRACTICE OF ANESTHESIOLOGY TO THE NURSE ANESTHETIST GRADUATE NAMED IN THIS DOCUMENT. THE CERTIFIED NURSE ANESTHETIST FURTHER AGREES TO DIRECTLY SUPERVISE THE NURSE ANESTHETIST GRADUATE OR TO BE AVAILABLE FOR REGULAR CONSULTATION AND DIRECTION CONCERNING ALL NURSE ANESTHESIOLOGIST SERVICES PROVIDED BY THE GRADUATE. THESE SERVICES WILL NOT EXTEND BEYOND THE PARAMETERS PERMITTED WITHIN THE MARYLAND BOARD OF NURSING CERTIFIED NURSE ANESTHETIST'S APPROVED WRITTEN AGREEMENT AND PROTOCOL DEVELOPED WITH THE FOLLOWING PHYSICIAN (S).

**PRINT THE NAMES AND MARYLAND MEDICAL LICENSE #  
OF ALL MARYLAND PHYSICIANS ENTERED INTO THIS NURSE ANESTHETIST GRADUATE AGREEMENT**

PHYSICIAN 1: \_\_\_\_\_  
LICENSE # PRINT NAME

PHYSICIAN 2: \_\_\_\_\_  
LICENSE # PRINT NAME

PHYSICIAN 3: \_\_\_\_\_  
LICENSE # PRINT NAME

PHYSICIAN 4: \_\_\_\_\_  
LICENSE # PRINT NAME

PHYSICIAN 5: \_\_\_\_\_  
LICENSE # PRINT NAME

PHYSICIAN 6: \_\_\_\_\_  
LICENSE # PRINT NAME

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THE INDIVIDUALS WHOSE SIGNATURES APPEAR BELOW HEREBY AGREE TO THE TERMS AND CONDITIONS OF THIS DOCUMENT. THE NURSE ANESTHETIST GRADUATE FURTHER AGREES TO IMMEDIATELY NOTIFY THE MARYLAND BOARD OF NURSING, THE SUPERVISING NURSE ANESTHETIST, AND THE PHYSICIAN (S) OF THE RESULTS OF THE NURSE ANESTHETIST NATIONAL CERTIFICATION EXAMINATION.

\_\_\_\_\_  
ORIGINAL SIGNATURE OF THE NURSE ANESTHETIST GRADUATE      DATE

\_\_\_\_\_  
ORIGINAL SIGNATURE OF THE NURSE ANESTHETIST CERTIFIED BY THE MARYLAND BOARD OF NURSING      DATE

\_\_\_\_\_  
ORIGINAL SIGNATURE OF THE MARYLAND PHYSICIAN      DATE

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