

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 PRACTITIONER GRADUATE SUPERVISION AGREEMENT

THIS DOCUMENT CONSTITUTES AN AGREEMENT BETWEEN THE FOLLOWING NURSE PRACTITIONER CERTIFIED BY THE MARYLAND BOARD OF NURSING AND NURSE PRACTITIONER GRADUATE.

NURSE PRACTITIONER GRADUATE:

LICENSE # TYPE NAME AS IT APPEARS ON LICENSE

NURSE PRACTITIONER CERTIFIED BY THE MARYLAND BOARD OF NURSING MUST BE SAME SPECIALTY AS GRADUATE:

LICENSE # TYPE NAME AS IT APPEARS ON LICENSE

WHEREBY THE NURSE PRACTITIONER CERTIFIED BY THE MARYLAND BOARD OF NURSING NAMED ABOVE AGREES TO PROVIDE SUPERVISION IN THE PRACTICE TO THE NURSE PRACTITIONER GRADUATE NAMED IN THIS DOCUMENT. THE NURSE PRACTITIONER NAMED IN THIS DOCUMENT, FURTHER AGREES TO DIRECTLY SUPERVISE THE NURSE PRACTITIONER GRADUATE OR TO BE AVAILABLE FOR REGULAR CONSULTATION AND DIRECTION CONCERNING ALL NURSE PRACTITIONER SERVICES PROVIDED BY THE GRADUATE. THESE SERVICES WILL NOT EXTEND BEYOND THE PARAMETERS PERMITTED BY THE GRADUATE'S EDUCATION AND PENDING CERTIFICATION.

TYPE THE NAME AND THE MARYLAND MEDICAL LICENSE NUMBER FOR ALL THE MARYLAND PHYSICIANS ENTERED INTO THIS NURSE PRACTITIONER GRADUATE AGREEMENT

PHYSICIAN # 1:

LICENSE # TYPE NAME AS IT APPEARS ON LICENSE

PHYSICIAN # 2:

LICENSE # TYPE NAME AS IT APPEARS ON LICENSE

PHYSICIAN # 3:

LICENSE # TYPE NAME AS IT APPEARS ON LICENSE

PHYSICIAN # 4:

LICENSE # TYPE NAME AS IT APPEARS ON LICENSE

PHYSICIAN # 5:

LICENSE # TYPE NAME AS IT APPEARS ON LICENSE

PHYSICIAN # 6:

LICENSE # TYPE NAME AS IT APPEARS ON LICENSE

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**AFFIDAVIT**

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

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

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

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ORIGINAL SIGNATURE OF THE MARYLAND PHYSICIAN      DATE

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ORIGINAL SIGNATURE OF THE MARYLAND PHYSICIAN      DATE

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ORIGINAL SIGNATURE OF THE MARYLAND PHYSICIAN      DATE

- THIS NURSE PRACTITIONER GRADUATE SUPERVISION AGREEMENT  
MUST BE SUBMITTED WITH THE FOLLOWING:**
- MARYLAND BOARD OF NURSING APPLICATION FOR NURSE PRACTITIONER CERTIFICATION
  - MARYLAND BOARD OF NURSING NURSE PRACTITIONER ATTESTATION FORM
  - OFFICIAL AUTHORIZATION TO SIT FOR THE NURSE PRACTITIONER EXAMINATION

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

9/20/2010