



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

MAIL TO:
ADVANCE 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:

LICENSE # PRINT NAME

NURSE ANESTHETIST CERTIFIED BY
THE MARYLAND BOARD OF NURSING:

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

ORIGINAL SIGNATURE OF THE MARYLAND PHYSICIAN DATE

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