



Please Do Not Fax or Email This Form to the Board.

NURSE PRACTITIONER ATTESTATION FORM

All but the NP signature and date on this document must be typed. Save a copy of your completed form to your computer. Mail a signed and dated copy to the Board. For further information regarding the attestation form or process call the Advanced Practice department at (410) 585-1930 or email sharon.allen@maryland.gov.

Your Name (as it appears on your license):

Home Address: City: St: Zip:

Home Ph: Office Ph: Ext: Cell Ph or Pager:

Email Address: Maryland RN or AC License #: Lic. # Pending

- Maryland Board Certification(s): Adult, Family, Pediatric Acute Care, Adult Acute Care, Geriatric, PMH-Adult, Adult Geriatric Acute Care, Neonatal, PMH-Family, Adult Geriatric Primary Care, Pediatric, Women's Health (OB/GYN)

List the name and license number of a Maryland licensed physician who will be your physician collaborator of record. The Board requires only one (1) physician collaborator. If you send the Board a new attestation form naming someone else, that individual will replace the prior submission and become the current physician collaborator of record.

(Type physician's name as it appears on his/her license) (Type Physician's Maryland Lic. No.)

I, (TYPE NAME) hereby declare and affirm that the content of this document is true and correct to the best of my knowledge, information and belief. I will: Collaborate and consult with the above-referenced physician collaborator; collaborate and consult with other physicians and healthcare providers as needed, and will practice in accordance with my education, scope of practice, and within the standards of practice of the American Academy of Nurse Practitioners or any other national certifying body recognized by the Maryland Board of Nursing. If I change my physician collaborator of record, I will immediately send a new attestation to the Maryland Board of Nursing.

I understand that providing false or misleading information may result in disciplinary action by the Board.

NP Signature: Date Signed: (Must be your original signature)

Important: Make copies of this signed and dated document for your records.