



ALL BUT THE AFFIDAVIT SECTION OF THIS FORM MUST BE TYPED

CLINICAL NURSE SPECIALIST GRADUATE SUPERVISION AGREEMENT

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

CLINICAL NURSE SPECIALIST GRADUATE:

TYPE LICENSE #

TYPE NAME AS IT APPEARS ON LICENSE

CLINICAL NURSE SPECIALIST CERTIFIED BY THE MARYLAND BOARD OF NURSING (MUST BE SAME SPECIALTY AS GRADUATE):

TYPE LICENSE #

TYPE NAME AS IT APPEARS ON LICENSE

WHEREBY THE CLINICAL NURSE SPECIALIST (CNS) CERTIFIED BY THE MARYLAND BOARD OF NURSING NAMED ABOVE AGREES TO PROVIDE SUPERVISION IN THE PRACTICE TO THE CNS GRADUATE NAMED IN THIS DOCUMENT. THE BOARD-CERTIFIED CNS NAMED IN THIS DOCUMENT FURTHER AGREES TO DIRECTLY SUPERVISE THE CNS GRADUATE OR TO BE AVAILABLE FOR REGULAR CONSULTATION AND DIRECTION CONCERNING ALL CNS 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 RN LICENSE NUMBER FOR ANY ADDITIONAL CERTIFIED CLINICAL NURSE SPECIALISTS ENTERING INTO THIS CNS GRADUATE AGREEMENT

CLINICAL NURSE SPECIALIST # 2:

TYPE LICENSE #

TYPE NAME AS IT APPEARS ON LICENSE

CLINICAL NURSE SPECIALIST # 3:

TYPE LICENSE #

TYPE NAME AS IT APPEARS ON LICENSE

CLINICAL NURSE SPECIALIST # 4:

TYPE LICENSE #

TYPE NAME AS IT APPEARS ON LICENSE

AFFIDAVIT

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

ORIGINAL SIGNATURE OF THE CNS GRADUATE

DATE

ORIGINAL SIGNATURE OF CNS CERTIFIED BY THE MARYLAND BOARD OF NURSING

DATE

ORIGINAL SIGNATURE OF CNS #2

DATE

ORIGINAL SIGNATURE OF CNS #3

DATE

ORIGINAL SIGNATURE OF CNS #4

DATE

THIS CNS GRADUATE SUPERVISION AGREEMENT MUST BE SUBMITTED WITH THE FOLLOWING:

- MARYLAND BOARD OF NURSING APPLICATION FOR CLINICAL NURSE SPECIALIST CERTIFICATION
- OFFICIAL AUTHORIZATION TO SIT FOR THE CNS EXAMINATION

MAIL TO:
ADVANCED PRACTICE DEPT.
MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE . BALTIMORE, MD 21215
(410) 585-1930 OR (410) 585-1926