

## 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 PSYCHOTHERAPIST GRADUATE SUPERVISION AGREEMENT

THIS DOCUMENT CONSTITUTES AN AGREEMENT BETWEEN THE FOLLOWING SUPERVISING APRN/PMH\* (CERTIFIED BY THE MARYLAND BOARD OF NURSING), AND APRN/PMH GRADUATE.

\* ADVANCE PRACTICE REGISTERED NURSE/PSYCHIATRIC MENTAL HEALTH

**APRN/PMH GRADUATE** 

LICENSE # PRINT NAME AS IT APPEARS ON LICENSE

SUPERVISING APRN/PMH

LICENSE #

PRINT NAME AS IT APPEARS ON LICENSE

WHEREBY THE SUPERVISING APRN/PMH NAMED IN THIS DOCUMENT AGREES TO PROVIDE SUPERVISION IN THE PRACTICE OF PSYCHIATRIC MENTAL HEALTH TO THE APRN/PMH GRADUATE NAMED IN THIS DOCUMENT: THE SUPERVISING APRN/PMH FURTHER AGREES TO BE PHYSICALLY AVAILABLE TO THE APRN/PMH GRADUATE FOR DIRECTION AND CONSULTATION CONCERNING ALL PSYCHIATRIC MENTAL HEALTH SERVICES PROVIDED BY THE APRN/PMH GRADUATE, AND THAT THESE SERVICES WILL NOT EXTEND BEYOND THE PROTOCOL DEVELOPED WITH THE FOLLOWING PHYSICIAN (S).

PRINT THE NAME AND THE MARYLAND MEDICAL LICENSE NUMBER FOR ALL THE MARYLAND PHYSICIANS ENTERED INTO THIS APRN/PMH GRADUATE AGREEMENT

PHYSICIAN			
	LICENSE #	PRINT NAME AS IT APPEARS ON LICENSE	
	LICENSE #	PRINT NAME AS IT APPEARS ON LICENSE	
	LICENSE #	PRINT NAME AS IT APPEARS ON LICENSE	
	LICENSE #	PRINT NAME AS IT APPEARS ON LICENSE	
PHYSICIAN	LICENSE #	PRINT NAME AS IT APPEARS ON LICENSE	
PHYSICIAN	LICENSE #	PRINT NAME AS IT APPEARS ON LICENSE	
	LICENSE #	PRINT NAME AS IT APPEARS ON LICENSE	
	LICENSE #	PRINT NAME AS IT APPEARS ON LICENSE	
PHYSICIAN			
	LICENSE #	PRINT NAME AS IT APPEARS ON LICENSE	

## AFFIDAVIT

THE INDIVIDUALS WHOSE SIGNATURES APPEAR BELOW HEREBY AGREE TO THE TERMS AND CONDITIONS OF THIS DOCUMENT. THE APRN/PMH GRADUATE FURTHER AGREES TO IMMEDIATELY NOTIFY THE MARYLAND BOARD OF NURSING, THE SUPERVISING APRN/PMH, AND THE PHYSICIAN (S) OF THE RESULTS OF THE AMERICAN NURSES CREDENTIALING CENTER - CLINICAL SPECIALIST ADULT PSYCHIATRIC AND MENTAL HEALTH NURSING OR THE AMERICAN NURSES CREDENTIALING CENTER - CLINICAL SPECIALIST IN CHILD AND ADOLESCENT PSYCHIATRIC AND MENTAL HEALTH NURSING, - NATIONAL CERTIFICATION EXAMINATION.

APRN/PMH GRADUATE (ORIGINAL SIGNATURE)		DATE	PHYSICIAN (ORIGINAL SIGNATURE)	DATE
SUPERVISING APRN/PMH (ORIGINAL SIGNATURE)		DATE	PHYSICIAN (ORIGINAL SIGNATURE)	DATE
		7	PHYSICIAN (ORIGINAL SIGNATURE)	DATE
	MAIL TO: ADVANCE PRACTICE MARYLAND BOARD OF NURSING		PHYSICIAN (ORIGINAL SIGNATURE)	DATE
	4140 PATTERSON AVENUE BALTIMORE, MARYLAND 21215		PHYSICIAN (ORIGINAL SIGNATURE)	DATE
			PHYSICIAN (ORIGINAL SIGNATURE)	DATE
			PHYSICIAN (ORIGINAL SIGNATURE)	DATE
			PHYSICIAN (ORIGINAL SIGNATURE)	DATE

	SUBMIT THIS APRN/PMH GRADUATE APPLICATION WITH THE FOLLOWING:
•	OFFICIAL AUTHORIZATION TO SIT FOR EITHER THE ANCC - CLINICAL SPECIALIST IN CHILD AND ADOLESCENT PSYCHIATRIC AND MENTAL HEALTH NURSING EXAMINATION OR THE ANCC - CLINICAL SPECIALIST IN ADULT PSYCHIATRIC AND MENTAL HEALTH NURSING EXAMINATION.
•	MARYLAND BOARD OF NURSING APPLICATION FOR CERTIFICATION: NURSE PSYCHOTHERAPIST IN INDEPENDENT PRACTICE.
04/2	2001, REVISED 11/2003, 02/2007