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INFORMATION SHEET  
MARYLAND CERTIFICATION TO PRACTICE AS A NURSE ANESTHETIST

CRITERIA FOR MARYLAND NURSE ANESTHETIST CERTIFICATION

- 1 THE \$50.00 APPLICATION-PROCESSING FEE. (CHECK OR MONEY ORDER PAYABLE TO THE MARYLAND BOARD OF NURSING)
- 2 COMPLETE THE APPLICATION IN ITS ENTIRETY.
- 3 CURRENT PERMANENT REGISTERED NURSE LICENSURE\*.

A TEMPORARY REGISTERED NURSE LICENSE WILL NOT FULFILL THIS REQUIREMENT.

\*APPLICANTS LIVING IN STATES THAT HAVE IMPLEMENTED THE RN LICENSURE COMPACT: SUBMIT PROOF OF ACTIVE/CURRENT REGISTERED NURSE LICENSURE ISSUED BY YOUR STATE OF LEGAL RESIDENCE.

- 4 AN OFFICIAL FINAL TRANSCRIPT – PROOF OF COMPLETION OF A MASTER’S DEGREE OR HIGHER.
- 5 A COPY OF THE CURRENT CERTIFICATION OR RECERTIFICATION CARD ISSUED BY THE COUNCIL ON CERTIFICATION/RECERTIFICATION OF NURSE ANESTHETISTS.
- 6 YOU MAY NOT WORK IN MARYLAND AS A NURSE ANESTHETIST UNTIL YOU SUBMIT THE COLLABORATION AGREEMENT (PAGE 4 OF 5) FOR EACH WORKSITE OR FACILITY.
  - THE COLLABORATOR’S MARYLAND MEDICAL LICENSE NUMBER, PRACTICE ADDRESS, AND THE ORIGINAL SIGNATURES OF THE NURSE ANESTHETISTS AND THE COLLABORATING ANESTHESIOLOGIST, PHYSICIAN OR DENTIST MUST APPEAR ON THE *COLLABORATION AGREEMENT*
  - SUBMIT A SEPARATE AGREEMENT FOR EACH COLLABORATOR OR FACILITY.
7. MAIL TO: ADVANCED PRACTICE UNIT, MARYLAND BOARD OF NURSING,  
4140 PATTERSON AVENUE, BALTIMORE, MD 21215
8. ALLOW FOUR (4) WEEKS FOR PROCESSING. INCOMPLETE APPLICATIONS WILL REQUIRE ADDITIONAL PROCESSING TIME.
9. ONCE ISSUED, THE NEW CERTIFICATION MAY BE VIEWED AND PRINTED FROM THE BOARD’S WEBSITE [WWW.MBON.ORG](http://WWW.MBON.ORG) (LOOK-UP A LICENSEE).

QUESTIONS AND CONCERNS RELATING TO THE APPLICATION PROCESS SHOULD BE DIRECTED TO THE BOARD’S ADVANCED PRACTICE DEPARTMENT (410) 585-1926.

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

**NON-REFUNDABLE FEE: \$50.00**

MARYLAND BOARD OF NURSING  
APPLICATION FOR CERTIFICATION TO PRACTICE NURSE ANESTHESIA

I HEREBY MAKE APPLICATION FOR CERTIFICATION TO PRACTICE AS A NURSE ANESTHETIST IN THE STATE OF MARYLAND IN ACCORDANCE WITH THE MARYLAND ANNOTATED CODE, HEALTH OCCUPATIONS ARTICLE, SECTION 8-205 AND THE REGULATIONS GOVERNING THE PRACTICE OF NURSE ANESTHETIST (10.27.06) AND SUBMIT THE FOLLOWING EVIDENCE OF MY QUALIFICATIONS FOR CERTIFICATION.

NAME
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LAST FIRST MIDDLE OR MAIDEN

ADDRESS
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NUMBER AND STREET

--

CITY STATE ZIP CODE

DATE OF BIRTH
MARYLAND LICENSE # <input type="checkbox"/> PENDING
SOCIAL SECURITY#
HOME TELEPHONE #
E-MAIL ADDRESS

ATTACH COPY OF RN LICENSE  
\* APPLICANTS RESIDING IN STATES THAT HAVE IMPLEMENTED THE RN LICENSURE COMPACT SUBMIT A COPY OF YOUR ACTIVE/PERMANENT REGISTERED NURSE LICENSE ISSUED BY YOUR STATE OF LEGAL RESIDENCE.

<b>WORK ADDRESS</b>
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**NUMBER AND STREET**

--

**CITY**

**STATE**

**ZIP CODE**

<b>NAME OF FACILITY OR PRACTICE</b>	<b>WORK TELEPHONE #</b>
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<b>NURSE ANESTHESIA PROGRAM</b>
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<b>NAME OF SCHOOL</b>
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<b>ADDRESS</b>
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**NUMBER AND STREET**

**CITY**

**STATE**

**ZIP CODE**

<b>NAME OF PROGRAM</b>
------------------------

<b>YEAR OF GRADUATION/ COMPLETION DATE</b>	<b>TYPE OF DEGREE OR CERTIFICATE CONFERRED</b>
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<b>ATTACH AN OFFICIAL FINAL TRANSCRIPT</b>
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**CERTIFICATION BY THE COUNCIL ON CERTIFICATION  
OR RECERTIFICATION OF NURSE ANESTHETISTS**

HAVE YOU TAKEN/SAT FOR THE  
NATIONAL CERTIFICATION EXAM?

YES

NO

PENDING

(IF YES) DATE OF  
INITIAL CERTIFICATION

EXPIRATION DATE

- ATTACH A COPY OF THE INITIAL CERTIFICATE
- ATTACH A COPY OF THE CERTIFICATION/RECERTIFICATION CARD ISSUED BY THE COUNCIL ON CERTIFICATION/RECERTIFICATION OF NURSE ANESTHETISTS
- DO NOT ATTACH COPIES OF MEMBERSHIP CARD

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PRINT NAME DESIRED ON BOARD OF NURSING CERTIFICATE

I VERIFY THAT ALL INFORMATION CONTAINED IN THIS FORM IS TRUE AND COMPLETE.

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ORIGINAL SIGNATURE

DATE

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



MARYLAND BOARD OF NURSING  
NURSE ANESTHETIST COLLABORATION AGREEMENT  
(SUBMIT A SEPARATE AGREEMENT [WITH ORIGINAL SIGNATURES] FOR EACH COLLABORATOR OR FACILITY)  
**DO NOT FAX**

NAME OF NURSE ANESTHETIST			
MARYLAND LICENSE NUMBER:			
(PRINT) LAST	FIRST	MIDDLE	
R□□□□□□	AC□□□□□□		

NAME OF COLLABORATING PHYSICIAN, DENTIST OR ANESTHESIOLOGIST:			
MARYLAND MEDICAL LICENSE # OF THE COLLABORATING PHYSICIAN, DENTIST OR ANESTHESIOLOGIST			
(PRINT) LAST	FIRST	MIDDLE	
D□□□□□□□□	H□□□□□□□		
COLLABORATOR'S PRIMARY FIELD OF PRACTICE OR SPECIALTY: _____			

NAME OF FACILITY (IF APPLICABLE):	
OFFICE OR FACILITY ADDRESS, CITY, STATE, & ZIP CODE:	
IF FACILITY-NAME OF DEPARTMENT:	NAME OF MEDICAL DIRECTOR OR CHIEF MEDICAL OFFICER:
OFFICE OR FACILITY TELEPHONE NUMBER:	

ORIGINAL SIGNATURE OF COLLABORATING DENTIST OR PHYSICIAN	DATE
ORIGINAL SIGNATURE OF NURSE ANESTHETIST	DATE

Mail to: Advanced Practice Unit, Maryland Board of Nursing  
4140 Patterson Avenue, Baltimore, MD 21215



## DECLARATION OF RESIDENCE FOR ADVANCED PRACTICE

PLEASE RETURN COMPLETED FORM WITH YOUR ORIGINAL SIGNATURE  
TO THE MARYLAND BOARD OF NURSING

NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
(CURRENT MAILING ADDRESS)

CITY:

\_\_\_\_\_

STATE:

\_\_\_\_\_

ZIP CODE

\_\_\_\_\_

NURSING LICENSE NUMBER

\_\_\_\_\_

ISSUING  
STATE

\_\_\_\_\_

I DECLARE THAT

\_\_\_\_\_

IS MY LEGAL STATE OF RESIDENCE

\_\_\_\_\_  
ORIGINAL SIGNATURE AND DATE

ENCLOSE COPIES OF TWO OF THE FOLLOWING  
OFFICIAL PROOFS OF RESIDENCY

- CURRENT DRIVER'S LICENSE – MUST INCLUDE A HOME STREET ADDRESS
- VOTER'S REGISTRATION CARD
- FEDERAL INCOME TAX RETURN
- W2 FROM ANY US GOVERNMENT, BUREAU DIVISION OR AGENCY
- MILITARY FORM #2058-STATE OF LEGAL RESIDENCE CERTIFICATE