



STATE OF MAINE
BOARD OF NURSING
158 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0158

JANET T. MILLS
GOVERNOR

KIM ESQUIBEL, PHD, M.S.N., R.N.
EXECUTIVE DIRECTOR

VERIFICATION OF COMPLETION OF SUPERVISED PRACTICE FORM

Pursuant to Maine State Board of Nursing Board Rule Chapter 8, Section 2-2(A)(B) and [32 M.R.S. § 2102\(2-A\)](#), a Certified Nurse Practitioner must practice for a minimum of 24 months under the supervision of a licensed physician, or a supervising nurse practitioner, or must be employed by a clinic or hospital that has a medical director who is a licensed physician. The Certified Nurse Practitioner shall submit written evidence to the Board.

I, _____, attest that I supervised
Name and Title of Supervising Provider
_____ from _____ to _____.
Name of Certified Nurse Practitioner

The Certified Nurse Practitioner prescribed during their 24 months of supervised practice
Yes No

SIGNATURE: _____ DATE: _____

SUPERVISING PHYSICIAN'S OFFICE ADDRESS: _____
Street # Street

City State Zip Code

SUPERVISING PHYSICIAN'S OFFICE PHONE NUMBER: () _____

Revised 2/2025



PRINTED ON RECYCLED PAPER

PHONE: (207)287-1133

FAX: (207)287-1149

OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME
www.maine.gov/boardofnursing