



The Pediatric Nursing Certification Board, Inc.
 800 South Frederick Avenue, Suite 204, Gaithersburg, MD 20877-4152
 (888) 641-2767 or (301) 330-2921

Take advantage of on-line enrollment and SAVE \$10.
 Go to www.pncb.org for fast and efficient, secure and safe on-line enrollment.

2008 DUAL CPNP AC & PC Recertification Program Enrollment Form

DEADLINE FOR RETURN of forms and fees: December 1, 2007 (posted).
 Enrollment forms and fees mailed after December 1, 2007, require an additional \$75 late fee.

All information on both sides/pages of this form must be completed. Be sure to continue to Options/Fees and Signature to complete recertification enrollment.

Personal Information:

Last four digits of your SSN: _____

First, Middle & Last Name: _____

(Please use the name you want on official PNCB documents).

Address: _____

Address: _____

City, State Zip: _____

Country: _____

(Materials are only shipped to US mailing addresses.)

Please update current E-mail address:

Print clearly.

Please provide an E-mail address that you check frequently. We will only use your E-mail to provide info regarding your certification.

(Home Phone): _____

(Cell Phone): _____

Education Information:

RN Degree: _____

Country of RN Education: _____

Highest Degree: _____

Please select one. (Enter digit code.)

- | | |
|---------------------------------|-----------------------------|
| Doctorate in Nursing (1) | Other Doctorate (7) |
| Post Masters Certificate (2) | Other Post Masters (8) |
| Masters in Nursing (3) | Other Masters Degree (9) |
| Baccalaureate in Nursing (4) | Other Baccalaureate (10) |
| Associate Degree in Nursing (5) | Other Associate Degree (11) |
| Nursing Diploma (6) | Other Diploma (12) |

RN Experience:

Hours per Week in Nursing: _____

Please select one. (Enter digit code.)

- More than 30 per week in nursing (1)
- Less than 30 per week in nursing (2)
- Not currently working in nursing (3)

Years Nursing Experience: _____

Years Pediatric Nursing Experience: _____

Employment:

Employment Status: _____

Please select one. (Enter digit code.)

- Not Employed in Nursing (1)
- Currently Practicing in Pediatric Nursing (2)
- Practicing in Nursing, not Pediatric (3)

Employment Setting: _____

Please select one. (Enter digit code.)

- Children's Hospital (1)
- Community Hospital (2)
- Other (3)

Employer Zip Code: _____

Employment Position: _____

Please select one. (Enter digit code.)

- Staff Nurse (1) Nurse Educator (6)
- Nurse Supervisor/Manager (2) Clinical Nurse Specialist (7)
- Nurse Administrator (3) Nurse Practitioner (8)
- Nurse Consultant (4) Other (9)
- Nurse Researcher (5) Not Employed (10)

(Work Phone): _____

RN License Information

Must be completed and current:

RN License #: _____

RN State: _____

RN Expiration Date: _____

A free Primary Care & Acute Care Verification of Certification will be sent to this State Board of Nursing for 2008 Recertification Program.

Include my name in mailing list to receive PNCB respected educational materials: YES NO

Professional Information: (check if applicable)

I am a member of SPN

I am a member of NAPNAP

I am a member of ENA

Options and Fees:

- Choose ONE option/fee only: A, B, C or D below.
- Mail Enrollment Form, Fee and Documentation Form(s) (if applicable) to PNCB.

Self Assessment Exercise (SAE) Information:

Four SAEs are required during a 7-year recertification cycle. **Two of these SAEs must be Acute Care SAEs. The other 2 SAEs must be a Primary Care and a Pediatric Pharmacology SAE.** Remember, you choose when to do each option. SAEs do not need to be taken in a particular order—just be sure to complete the required SAEs within your 7-year cycle.

There will be two systems-oriented **Acute Care SAE** options, one focusing on cardiac problems, including cardiac surgery issues of interest to all AC PNPs and a respiratory SAE will include acute pulmonary problems along with ventilation issues. The Acute Care SAEs are online SAEs. A user name and password and link to the SAE will be sent to you via email beginning in December. Completion and final scoring of the online Acute Care SAEs will.

Annual Activity Options:

Choose ONE OPTION (A, B, C, or D) to fulfill annual recertification requirements.

A. Self Assessment Exercise (SAE)

Select ONE SAE ONLY if choosing Self Assessment Exercise, Option A.

_____ **Acute Care Online SAE - Pulmonary** **\$135**

_____ **Acute Care Online SAE - Cardiology** **\$135**

_____ **2008 Primary Care Self-Assessment Exercise (SAE)**..... **\$195**

This self-paced, independent study tool contains multiple-choice questions and copies of more than 75 professional journal articles referenced to test questions. Sixty percent of these questions test knowledge of updates in pediatric primary care. The remaining test questions focus on specific topics. **Special topics for the 2008 PC SAE include chronically ill/special needs, genetics and reproductive/genitourinary.** For a 7-year profile of special topics to be included in annual editions of the PC SAE go to www.pncb.org: Recertification Program.

_____ **2007-2008 Pediatric Pharmacology Self-Assessment Exercise (SAE)** **\$195**

Please note that versions of the Pediatric Pharmacology SAE are published every other year. The Pediatric Pharmacology SAE for 2007-2008 (published for 2007 and 2009 Recertification) will again be used for the 2008 Recertification Program. Therefore, if you used the Pediatric Pharmacology SAE for 2007 Recertification, do not choose this option for 2008 Recertification. The multiple-choice test questions will assess knowledge of core pharmacology principles, pharmacology and pharmacotherapeutics of drug groups & the PNP role in prescribing, monitoring, providing education and evaluating drugs used to manage patient and family conditions, and integrated clinical applications. Includes latest edition of LEXI-COMP'S **PEDIATRIC DOSAGE HANDBOOK!**

B. Documentation of Contact Hours or Academic Credit 10 pediatric-related contact hours **FEE: \$95**
Complete and submit the Contact Hour/Academic Credit Documentation with the Recertification Enrollment Form.

C. Documentation of Contact Hours & Clinical Practice Hours..... **FEE: \$95**
A combination of 5 pediatric-related contact hours and a minimum of 200 clinical practice hours within the past year. Complete and submit the Contact Hour and Clinical Practice Hour Documentation Forms with the Recertification Enrollment Form.

D. Inactive for 2008 (only 1 year of inactivity allowed in each 7-year recertification cycle)..... **FEE: \$75**
Your status for the Recertification Program cycle, February 28, 2008 – February 28, 2009 will be “INACTIVE.” Inactive participation in the Recertification Program may not meet the requirement for active annual PNP licensure in your state. More than 1 year of inactivity in a recertification cycle will require the CPNP to reexamine in order to regain certification.

..... Late Fee (Fee due if renewal form is mailed after December 3, 2007.)..... **FEE: \$75**

TOTAL FEES enclosed: (US currency and banks only)

Payment Options: Credit Card* Check Money Order (Make checks & money orders payable to PNCB.)

If paying by credit card, use Credit Card Form on next page.

I attest that I hold a current, valid license to practice as a registered nurse, and am in good standing and have no current disciplinary action pending in any jurisdiction. I attest that the information given on all submitted forms is true and accurate to the best of my knowledge & belief. I attest that I am able to provide legal documentation on request for my name change if applicable. I understand that false attestation of information shall be sufficient cause to notify my State Board of Nursing (SBN), terminate my certification and/or notify legal authorities who may take action under civil or criminal laws. I also understand that this information is subject to audit by the PNCB within 5 years of submission

★ **This Recertification Enrollment Form must be SIGNED. Failure to sign below will delay processing of your recertification renewal.**

SIGNATURE: _____

DATE: _____



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Credit Card Payment Form

DEADLINE FOR RETURN of forms and fees: December 1, 2007 (posted).
Late Recertification Renewal forms postmarked after December 1, 2007, require an additional \$50 late fee.

Complete & sign for credit card payments:

Print Name: _____

Last 4 digits of SSN: xxx-xx-_____

I authorize the PNCB to charge my VISA, MasterCard, Discover or AMEX as indicated:

\$ _____	_____	(_____)	_____
Amount	Account Number	(+3 digit security code)	Expiration Date
		<small>(last three numbers located on back (VISA, Master Card, Discover or front (AMEX) of credit card)</small>	

If this is a personal card complete this section:

Cardholder Mailing Address:

Phone Number: _____

Printed Name of Cardholder:

Cardholder Signature:

If you are using a business credit card, complete this section:

Business Name and Address associated with the above credit card:

Phone Number: _____

Printed Name as it appears on card:

Cardholder Signature:

2008 – Recertification –Contact Hours Documentation Form

Documentation forms must be returned with the Recertification Enrollment Form.

Instructions:

Complete and return the documentation form(s) with the Recertification Enrollment Form for the documentation option you choose:

- Contact Hour Documentation (documentation of 10 contact hours)(1 form)
- Contact Hour and Clinical Practice Hour Documentation (documentation of 5 contact hours and a minimum of 200 clinical practice hours) (2 forms)
- **CPNP Only** – Contact Hour and Preceptor Hour Documentation (documentation of 5 contact hours and no less than 80 preceptor hours) (2 forms)

NAME: _____

LAST 4 DIGITS OF SSN: _____

Contact Hours Documentation Form

Contact hours documentation is subject to audit by the PNCB within 5 years of submission.

Please document contact hours or academic credit below. Information must be complete for each program or course attended.

<u>Contact Hours</u>			Agency/provider awarding contact hours
Name of Program or Course Attended	Dates of Attendance	Number of contact hours	
Academic Credit			# of credit hours
Name of Course Attended	Dates of Attendance	Institution	

The requirements for contact hours/academic credit documentation are as follows:

- **Contact hours earned for successful completion of a PNCB SAE (Primary Care, Pediatric Pharmacology, Acute Care or PN SAE) activity in the Recertification Program cycle one year cannot be used for contact hour documentation strategy for another year.**
- A minimum of 10 contact hours or 1 academic credit hour is needed to meet requirements for 2008 Recertification.
- **Contact hours or academic credit *must* be earned within 24 months of submission of recertification enrollment.**
- The academic credit course work must be pediatric related and successfully completed. Academic credit cannot be the same as reported in a previous year.
- CPNP—Content for your continuing education contact hours must be applicable to pediatrics.
- CPN—Content for your continuing education contact hours *must* be related to pediatrics or to professional growth and development in the nursing field.
- Contact hours can come from a variety of agencies/providers:
 - Contact hours may be provided by employers or state boards, and may be awarded from other health disciplines, such as social work and physical therapy, if applicable to pediatrics.
 - CE or CME from journals, conferences, in-services, presentations, and grand rounds are all valid.

2008 – Recertification –Clinical Practice Hours Documentation Form
Documentation forms must be returned with the Recertification Enrollment Form.

Instructions:

Complete and return the documentation form(s) with the Recertification Enrollment Form for the documentation option you choose:

- Contact Hour and Clinical Practice Hour Documentation (documentation of 5 contact hours and a minimum of 200 clinical practice hours) (2 forms)

Must be completed along with the Contact Hours Documentation Form and returned if Documentation of Contact Hours and Clinical Practice Hours option is chosen.

NAME: _____

LAST 4 DIGITS OF SSN: _____

Clinical Practice Hours Documentation Form

Clinical practice dates: _____

Total number of clinical practice hours: _____

Clinical practice setting:

_____ Ambulatory Clinic (Hospital based)

_____ Private Office

_____ E.R. Setting

_____ School Clinic

_____ Community Clinic

_____ Other

Please specify (Clinical practice setting should reflect the delivery of primary health care to children. PNCB may evaluate alternative sites.)

Site of clinical practice setting: _____

Requirements for Clinical Practice Hours:

- ⇒ The clinical practice must have occurred within 12 months of submission of recertification enrollment. **A minimum of 200 hours of direct clinical practice is required.** The PNCB recognizes participation in 200 hours of direct clinical practice to equate to 5 contact hours of continuing education.
- ⇒ All clinical practice requirements must be met while the CPNP/CPN held an active registered nurse license in the state or territory in which the clinical practice occurred.
- ⇒ Clinical practice hours should reflect direct “hands-on” assessment and clinical management of children. Practice time does not include the management, supervision or education of other personnel or students to help achieve patient care goals.
- ⇒ Clinical practice hours may be volunteer time spent providing direct pediatric nursing care.