



# CPN CERTIFICATION EXAM APPLICATION

**Pediatric Nursing Certification Board, Inc.**

*...offering certification for pediatric nurse practitioners and pediatric nurses*

800 South Frederick Avenue, Suite 204, Gaithersburg, MD 20877-4152  
301-330-2921 or 1-888-641-2767 (Toll-free) FAX: 301-330-1504 www.pncb.org

Updated April 30, 2008

**APPLY ON-LINE CONVENIENT & FAST [WWW.PNCB.ORG](http://WWW.PNCB.ORG)**

- All information on the application must be completed.
- Application must be signed.
- All fees must be paid in full before application is processed.

**Application Type (Please choose the application type carefully.)**

- Computer-based Certified Pediatric Nurse (CPN) Exam**
- On-Site Paper and Pencil Certified Pediatric Nurse (CPN) Exam** (Please contact the PNCB if you are not an employee of the On-Site Hospital)

**Personal Information:**

Please print in ink or type all information.

**Last 4 digits of SSN:** \_\_\_\_\_

**Name:(Print your legal name)** \_\_\_\_\_

First Name Middle Name Last Name

(Print your name as you wish it to appear on your certificate.)

**Maiden Name:** \_\_\_\_\_

**Gender:**  F  M

**U. S. Born:**  Yes  No **Citizenship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_ **State or Province:** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**Country** \_\_\_\_\_

**Home Phone:**( \_\_\_\_\_ ) \_\_\_\_\_

**Cell Phone:**( \_\_\_\_\_ ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_ ● \_\_\_\_\_

(We will only use email to communicate to you about your certification and to provide info and updates.)

**Date of Birth:** \_\_\_\_\_(MM/DD/YYYY)

**Educational Information**

**RN Education Degree** (print digit code) \_\_\_\_\_  
 Doctorate of Nursing Practice (1)  
 Post Master Certificate (2)  
 Masters in Nursing (3)  
 Baccalaureate in Nursing (4)  
 Associate Degree in Nursing (5)  
 Nursing Diploma (6)

**Country of RN Education:** \_\_\_\_\_

**Highest Degree** (print digit code) \_\_\_\_\_  
 Doctorate of Nursing Practice (1)  
 Post Master Certificate (2)  
 Masters in Nursing (3)  
 Baccalaureate in Nursing (4)  
 Associate Degree in Nursing (5)  
 Nursing Diploma (6)  
 Other Doctorate (7)  
 Other Post Masters (8)  
 Other Masters Degree (9)  
 Other Baccalaureate Degree (10)  
 Other Associate Degree (11)

**Employment Information:**

Years of RN Experience: \_\_\_\_\_

Years in Peds Nursing: \_\_\_\_\_

**Employment Status** (print digit code) \_\_\_\_\_  
 Not employed in nursing (1)  
 Currently practicing in pediatric nursing (2)  
 Practicing in nursing, not pediatric (3)

**Employment Setting** (print digit code) \_\_\_\_\_  
 Children's Hospital (1)  
 Community Hospital (2)  
 Other (3)

**Required Documentation Attestation:**

By completing this application, I attest that I have completed a minimum of 1,800 hours as an RN in pediatric nursing within a 24-month period. Go to [www.pncb.org](http://www.pncb.org) to view a full description of the types of activities that fulfill this requirement.

This attestation is subject to audit. In the event of an audit, you and your supervisor(s) will be required to provide written documentation to affirm your attestation.

**RN License Information:**

RN License Number: \_\_\_\_\_

RN License State: \_\_\_\_\_

RN Expiration Date: \_\_\_\_\_  
 Month/Day/Year

**Professional Affiliations:**

I am currently a member of SPN:       Yes     No  
 I am currently a member of NAPNAP:       Yes     No  
 I am currently a member of ENA:       Yes     No

**Employment Position** (print digit code) \_\_\_\_\_

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

**Hours per week in nursing**

More than 30 hours per week in nursing  
 Less than 30 hours per week in nursing  
 Not currently working in nursing

**Work Zip/Postal Code:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Hospital Information:**

If you currently work at a hospital, print the name of your hospital. If you do not currently work in a hospital then leave this section blank.

**Hospital Name:**

\_\_\_\_\_  
 \_\_\_\_\_

**Include me on the mailing list to receive PNCB respected educational materials:  Yes     No**

**Attestation and Signature**

I certify by my signature below that I hold an active, unencumbered license as a registered nurse in the state or territory of the USA or Canadian province as provided on this application. I hereby certify that the information given in this application is true and accurate to the best of my knowledge and belief. I understand that irregularities associated with my PNCB Certification Examination, such as giving or obtaining unauthorized information or aid shall be sufficient cause to terminate my participation, to invalidate the results of my examination, or to take other appropriate action. I further understand that certification by PNCB, Inc. is dependent on fulfilling all requirements of the Board for such certification, including passing the examination. I understand that a false statement regarding validity of any documentation could result in the Board revoking my certification as well as filing any civil charges as may apply. I understand that all examination materials are the sole property of the PNCB, Inc. and these materials will not be available for review by candidates either before or after the examination.

Additionally, I attest that I am able to provide legal documentation upon request for my name change, if applicable.

**\*\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Initial Exam Type Selection/Payment:** All initial exam fees include a \$100 non-refundable registration fee.

**Computer-based Certified Pediatric Nurse (CPN) Exam** ..... \$295 \$ \_\_\_\_\_

**CPN Hospital On-Site (Paper & Pencil exam)** ..... \$275 \$ \_\_\_\_\_

*If you are applying for Paper and Pencil Exam, the Hospital Name and Date of Exam are required.*

**Name of Hospital Site:** \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_

**Re-exam/Re-apply Exam Type Selection:** (Re-exam/Re-apply exam fees are non-refundable).

**Re-exam/Re-apply Computer-based Certified Pediatric Nurse (CPN) Exam**..... \$245 \$ \_\_\_\_\_

**Re-exam/Re-apply CPN Hospital On-Site (Paper & Pencil exam)**..... \$225 \$ \_\_\_\_\_

*If you are re-applying for Paper and Pencil Exam, the Hospital Name and Date of Exam are required:*

**Name of Hospital Site:** \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_

**Total amount of fees enclosed**.....\$ \_\_\_\_\_

**Payment Options (Check One):**     **Check**                       **Credit Card**                       **Money Order**

Make check or money order payable to PNCB. (US currency and banks only.)

We accept VISA, MasterCard, American Express or Discover.

Please complete and sign the Credit Card Payment Form on the following page and submit with your application.

Thank you for applying for the CPN Exam. You will be notified of eligibility via postcard and email by the PNCB.

If you are registered for a CPN Hospital On-Site Exam and do not receive an eligibility notice at least 2 weeks prior to the exam date, please contact the PNCB.



**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. Go to [www.pncb.org](http://www.pncb.org) for fast and efficient, secure and safe on-line enrollment.

**Credit Card Payment Form**

**Complete & sign for credit card payments:**

Print Name: \_\_\_\_\_

Last 4 digits of SSN: xxx-xx-\_\_\_\_\_

**I authorize the PNCB to charge my VISA, MasterCard, American Express or Visa as indicated:**

\$		( )	
<b>Amount</b>	<b>Account Number</b>	<b>(+3 or 4 digit security code)</b>	<b>Expiration Date</b>
		<small>(last three/four numbers located on the back 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:**

\_\_\_\_\_