



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 \$15.
 Go to www.pncb.org for fast and efficient, secure and safe on-line enrollment.

2009 CPNP-AC Recertification Program Enrollment Form

If you have questions about CPNP-AC Recertification, go to www.pncb.org and "All about Acute Care Recertification" for detailed information.

DEADLINE FOR RETURN of forms and fees: February 1, 2009 (posted).

Enrollment forms and fees mailed after February 1, 2009, 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:

Month of birth: _____ Day of birth: _____

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: _____

Please enter one digit code for RN Degree.

- | | |
|-----------------------------------|---------------------------------|
| Doctorate in Nursing Practice (1) | Baccalaureate in Nursing (4) |
| Post Masters Certificate (2) | Associate Degree in Nursing (5) |
| Masters in Nursing (3) | Nursing Diploma (6) |

Country of RN Education: _____

Highest Degree: _____

Please enter one digit code for Highest Degree.

- | | |
|-----------------------------------|-----------------------------|
| Doctorate in Nursing Practice (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) |

Employment Information:

RN Experience:

Years of RN Experience: _____

Years in Peds Nursing: _____

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)

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) |

Hours per Week in Nursing:

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

Work Zip/Postal Code: _____

Work Phone: _____

Hospital: _____

RN License Information

Must be completed and current:

RN License #: _____

RN State: _____

RN Expiration Date: _____

A free Acute Care Verification of Certification will be sent to this State Board of Nursing for 2009 Recertification Program.

Professional Affiliations:

- | | | |
|-------------------------|------------------------------|-----------------------------|
| I am a member of SPN | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am a member of NAPNAP | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am a member of ENA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Options and Fees:

- Choose **ONE OPTION only**: A, B, C, D, or E below, to fulfill annual recertification requirements.
- Mail 2009 Recertification Enrollment Form, Fee and Documentation Form(s) (if applicable) to PNCB.

Self Assessment Exercise (SAE) Information:

Acute Care SAEs - There are two systems-oriented **Acute Care SAE** options, cardiology and respiratory. **Acute Care SAEs are online SAEs.** Copy of SAE questions delivered via E-mail attachment.

New for 2009 Pediatric Primary Care and 2009-2010 Pediatric Pharmacology SAEs - This year the PNCB is offering two methods for answering the questions in the SAEs:

- **Method 1** – answering questions **online**
- **Method 2** – answering questions using a **paper** answer sheet

Here is how it works. The SAE booklet and Reference Manual/Handbook will be mailed to you for your review and reference as you complete the SAE questions. However, if you choose the online method of answering SAE questions, no paper answer sheet will be sent to you with your SAE materials. Instead of a paper answer sheet you will answer the SAE questions online.

For both the Acute Care SAE and Primary Care and Pharmacology SAEs - Some of the benefits of answering SAE questions online:

- No need to fill in a paper answer sheet and return to the PNCB
- You will be able to review the critique for each item once the item has been graded
- Your score result and critiques and CE are available instantly when you complete the SAE

Annual Activity Options (choose one):

A. Self Assessment Exercises (SAEs) - Select ONE SAE ONLY if choosing Self Assessment Exercise, Option A.

A user ID, Password, and link to the SAE questions will be E-mailed to you on selection of the online method and completion of processing of the application by the PNCB. Online SAE will be available for access November 2008.

- _____ **Acute Care Online SAE – Pulmonary** – focus on acute pulmonary problems, along with ventilation issues **\$145**
- _____ **Acute Care Online SAE – Cardiology** - focus on cardiac problems, including cardiac surgery issues **\$145**

_____ **2008 Primary Care Self-Assessment Exercise (SAE)**

This self-paced, independent study tool contains multiple-choice questions and copies of more than 75 professional journal articles referenced to questions. These questions test knowledge of updates in pediatric primary care (60%) and the remaining questions (40%) focus on specific topics: **dermatology, infectious disease, and pathopsychological/behavioral.**

- Method 1** – answer questions **ONLINE** **\$200**
- Method 2** – answer questions using a **PAPER** answer sheet **\$210**

_____ **2009-2010 Pediatric Pharmacology Self-Assessment Exercise (SAE)**

Versions of the Pediatric Pharmacology SAE are published every other year. The 2009-2010 Pediatric Pharmacology SAE is the newest version. 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!**

- Method 1** – answer questions **ONLINE** **\$200**
- Method 2** – answer questions using a **PAPER** answer sheet **\$210**

B..... Documentation of Contact Hours or Academic Credit 10 pediatric-related contact hours **\$100**
Complete Section 1 of a Contact Hour/Academic Credit Documentation Form with the Recertification Enrollment Form.

C..... Documentation of Contact Hours & Clinical Practice Hours..... **\$100**
A combination of 5 pediatric-related contact hours and a minimum of 200 clinical practice hours within the past year. Complete Sections 1 and 2 of the Contact Hour and Clinical Practice Hour Documentation Form and submit with the Recertification Enrollment Form.

D..... Documentation of Contact Hours & Preceptor Hours **\$100**
A combination of 5 pediatric-related contact hours and a minimum of 80 preceptor hours with a graduate pediatric nurse practitioner or family nurse practitioner students focused on mastery of pediatric clinical content Complete Sections 1 and 2 of the Contact Hour and Preceptor Hour Documentation Form and submit with the Recertification Enrollment Form.

E..... Inactive for 2009 (only 1 year of inactivity allowed in each 7-year recertification cycle)..... **\$80**
Your status for the Recertification Program cycle, February 28, 2009 – February 28, 2010 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 February 1, 2009.)..... **\$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.

SIGNATURE: _____ **DATE:** _____
This Recertification Enrollment Form must be SIGNED. Failure to sign below will delay processing of your recertification renewal.
I attest that I hold a current, valid license to practice as a registered nurse, & 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



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Credit Card Payment Form

DEADLINE FOR RETURN of Recert forms and fees: February 1, 2009 (posted).
Late Recertification Application forms postmarked after February 1, 2009, require an additional \$75 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:

Documentation of Contact Hours and Clinical Practice Hour Forms

Contact hour and clinical practice hour documentation is subject to audit by the PNCB within 5 years of submission. False attestation of information shall be sufficient cause to notify State Board of Nursing (SBN) and to terminate certification and/or notify legal authorities who may take action under civil or criminal laws.

Instructions:

Complete and return this form with the Recertification Enrollment Form for the documentation option you choose:

- **Contact Hour Documentation** (documentation of 10 contact hours)—**Complete Section 1 only**
OR
- **Contact Hour Documentation and Clinical Practice Hour Documentation** (documentation of 5 contact hours and a minimum of 200 clinical practice hours)—**Complete Sections 1 and 2**

NAME: _____

LAST 4 DIGITS OF SSN: _____

Section 1: Contact Hour Documentation

(Go to www.pncb.org and All about Recertification to view a list of suggested CE Agencies.)

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 2009 Recertification.
- A minimum of 5 contact hours and a minimum of 200 hours of clinical practice are needed to meet requirements for documentation of contact hr & clinical practice for 2009 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—Contact hours *must* be pediatric related.
- CPN—Contact hours *must* be related to pediatrics or to professional growth and development in the nursing field.

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

| | | |
|---|------------------------|--------------------------------------|
| Contact Hour Documentation (continue on back of sheet if needed) | | |
| Program Name: | Dates Attended: | Number of Contact Hours: |
| | | |
| | | |
| | | |
| Academic Credit Documentation | | |
| Name of Course: | Dates Attended: | Institution: |
| | | |
| | | Number of Credit Hours: _____ |

Section 2: Clinical Practice Hour Documentation (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 dates: _____

The clinical practice must have occurred within 12 months of submission of recertification enrollment.

Number of practice hours: _____

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. 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.

Clinical practice setting: (Clinical practice setting should reflect the delivery of primary health care to children. PNCB may evaluate alternative sites.) Please select one. (Enter digit code.) _____

Children’s Hospital (1)

Community Hospital (2)

Other (3) _____

Zip Code of Clinical Practice Setting: _____

CPNP - Documentation of Contact Hours and Clinical Preceptor Hour Forms

Contact hour and clinical preceptor hour documentation is subject to audit by the PNCB within 5 years of submission. False attestation of information shall be sufficient cause to notify State Board of Nursing (SBN) and to terminate certification and/or notify legal authorities who may take action under civil or criminal laws.

Instructions:

Complete and return this form with the Recertification Enrollment Form for the documentation option you choose:

- **Contact Hour Documentation** (documentation of 10 contact hours)—**Complete Section 1 only**
OR
- **Contact Hour Documentation and Preceptor Hour Documentation** (documentation of 5 contact hours and a minimum of 200 clinical practice hours)—**Complete Sections 1 and 2**

NAME: _____

LAST 4 DIGITS OF SSN: _____

Section 1: Contact Hour Documentation

Go to www.pncb.org and All about Recertification to view a list of suggested CE Agencies.

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 2009 Recertification.
- A minimum of 5 contact hours and 80 clinical preceptor hours for documentation of contact and preceptor hour option
- 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.
- Contact hours *must* be pediatric related.

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

| | | |
|---|------------------------|--------------------------------------|
| Contact Hour Documentation (continue on back of sheet if needed) | | |
| Program Name: | Dates Attended: | Number of Contact Hours: |
| | | |
| | | |
| | | |
| Academic Credit Documentation | | |
| Name of Course: | Dates Attended: | Institution: |
| | | |
| | | Number of Credit Hours: _____ |

Section 2: Preceptor Hour Documentation (A minimum of eighty (80) hours of preceptor activity with graduate Pediatric Nurse Practitioner or Family Nurse Practitioner student(s) focused on mastery of pediatric clinical content will be considered to be equivalent to 5 contact hours of continuing education.. Preceptor hours cannot be used to meet any clinical practice recertification option.)

Number of Preceptor hours: _____ (min of 80)

Specialty area: PNP FNP

Description of clinical learning activities performed with student(s):

Name of healthcare facility:

Types of learning activities:

Number of students: _____

Dates of Preceptor Activities:

(Preceptor activities must have occurred within the preceding 24 months prior to submission of the PNCB Recertification Form.)

Name of Academic institution for which preceptor activities occurred:

College or University:

Program Name: _____

Institution Address: _____

Contact information for PNCB verification:

Faculty Coordinator:

Telephone Number: _____

E-mail Address: _____
