



The Pediatric Nursing Certification Board, Inc.  
 800 S. Frederick Avenue, Suite 204  
 Gaithersburg, MD 20877-4152  
 TOLL FREE (888-641-2767) FAX (301-330-1504)

Acute Care PNP  
 Skills  
 Verification Form

**Incomplete forms will not be considered.**

**Acute Care Exam Pathway II PNP Skills Verification Form**

**To the applicant: Please print or type your name and last 4 digits of your social security number in the space provided below. Two Skills Verification Forms must be submitted, signed by two **pediatric** providers; one must be a certified nurse practitioner (NP), the other may be a physician or a second NP who have knowledge of your clinical practice skills and can verify your current practice competency as an acute care PNP. Eligibility for the exam is linked to a positive response in all skill areas. All clinical skills areas must be met to confer eligibility for the CPNP Acute Care Exam candidate.**

**Forms signed by family members will not be accepted.**

\_\_\_\_\_  
 PNP Name Last 4-digits SSN

Percent of practice spent with: Inpatients \_\_\_\_\_ Outpatients \_\_\_\_\_

Number of acute care practice hours per week: \_\_\_\_\_

The above Pediatric Nurse Practitioner has given your name to verify that he/she can demonstrate the knowledge and skills of the PNP role as listed below. Please complete and sign this form and return to the above named PNP.

I, the undersigned, have observed \_\_\_\_\_ perform in all areas listed below within the previous 5 years as an acute care pediatric nurse practitioner. I attest that the above-named individual performs pediatric examinations and develops and carries out appropriate care according to standards generally accepted in pediatric acute care. I have worked in a clinical practice environment with the above candidate for \_\_\_\_\_ months/years. I attest that the above-named individual performs the following at a proficient level:

Yes	No	
		1. Completes a child's (0 to young adult) health and development history from client or his/her parent and records findings in a systematic, accurate and succinct form.
		2. Provides a comprehensive pediatric and family centered assessment in context of acute and chronic illness.
		3. Performs an age and developmentally appropriate pediatric physical assessment on children using appropriate techniques of physical examination (inspection, auscultation, palpation and percussion) along with appropriate use of instrumentation (otoscope, ophthalmoscope, and stethoscope) and other assessment technologies as needed.
		4. Discriminates between normal and abnormal findings on screening physical assessment and laboratory data.
		5. Constructs an appropriate plan of care, <b>including the provision of resuscitation and stabilization in emergent situations</b> , critically assessing history, physical assessment findings and laboratory data as indicated.
		6. Integrates assessment findings to determine list of differential diagnoses.
		7. Effectively and efficiently identifies and manages acute and chronic childhood conditions, including the provision of interventions for rapidly changing clinical status.
		8. Provides anticipatory guidance to children & parents concerning age appropriate concerns, such as: feeding, developmental crises, common illnesses and injury and accident prevention.
		9. Demonstrates leadership while actively engaging in professional activities including the provision of informal and formal education, the application of evidence based practice and ethical decision making.
		10. Appropriately and accurately communicates health assessment and plan of care, to include diagnostic judgments and therapeutic interventions, to members of the health team. Provides for appropriate referral and actively engages in interdisciplinary collaboration.

**Your signature affirms that the above is true. Please be aware that the PNCB may contact you to verify the information provided.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been certified with the PNCB? Y N PNCB Certification Number: \_\_\_\_\_ Are you certified with ANCC? Y N