



# ACUTE CARE PNP 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 March 16, 2010

Select your eligibility Pathway:

- Pathway I – Acute Care PNP graduate within the past 24 months.
- Pathway II – Acute Care PNP graduate more than 24 months

**Application must be completed and signed. All fees must be paid in full before application is processed.  
Please print in ink or type all information. Do you want your name added to the PNCB mailing list? Circle: Yes or No**

**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 or Other Name:** \_\_\_\_\_

**Gender:**  F  M

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

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

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

**Date of Birth:** \_\_\_\_\_ **Birth 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.)*

**Current RN Practice & License Information**

- 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

**RN License Information:**

RN License # \_\_\_\_\_

RN Expiration Date \_\_\_\_\_

State \_\_\_\_\_

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

Years in Pediatric Nursing \_\_\_\_\_

**Employment Information**

**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)

**Employment Position** (print 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)





**The Pediatric Nursing Certification Board, Inc.**

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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 Discover (circle one):**

\$ \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
**Amount** **Account Number** **(+3 digit security code)** **Expiration Date**  
(last three numbers located on the back of credit card)

**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:**

\_\_\_\_\_