



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 February 1, 2010

APPLY ON-LINE CONVENIENT & FAST 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)

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: _____
Country of RN Education: _____
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)

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)

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 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

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:

Did you complete the Versant Pediatric RN Residency program?

- Yes
- No

If yes, please complete the following information (please print your responses):

Name of Hospital _____

Dates of residency program attendance

From: _____ To: _____

Name of residency program manager:

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

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: 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) \$295 \$ _____

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)..... \$245 \$ _____

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: _____

Test-taking Strategies Module \$ 15 \$ _____

A 1.5 contact hour module with exam preparation tips, strategies for answering multiple-choice exam questions, and techniques to manage test anxiety. This module focuses on all phases of exam readiness, from analyzing and answering multiple-choice test questions to dealing with test anxiety.

CPN Exam prep \$ 50 \$ _____

A unique online practice testing tool designed to offer a computer-based simulation of the types of questions included in the CPN Exam. This learning activity can help you become familiar with the presentation and structure of CPN Exam questions related to pediatric nursing in the exam content areas and provides 5 contact hours upon completion of 50 questions.

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.



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 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:

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

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:
