



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)

Primary Care PNP  
 Skills  
 Verification Form

**Incomplete forms will not be considered.**

**Primary 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 a primary 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 Primary 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 primary 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 a primary 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 primary 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 – young adult) health and development history, records findings in a systematic, accurate and succinct format, critically evaluating the data and developing strategies for interpretation and assessment/management.
		2. Performs an age 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.
		3. Discriminates between normal and abnormal findings on screening physical assessment and laboratory data. Develops a differential diagnoses list based on findings.
		4. Constructs an appropriate plan of care, critically assessing history, physical assessment findings and laboratory data as indicated.
		5. Provides assessment of nutrition, school and behavioral status. Selects and utilizes appropriate developmental screening tests to perform an accurate and appropriate developmental evaluation.
		6. Provides education and counseling regarding illness prevention and health promotion. Educates and consults within the community and provides community health resources for children and families.
		7. Counsels about developmentally and age appropriate safety and injury prevention.
		8. Determines therapeutic interventions utilizing pharmacologic, nonpharmacologic and specific procedures that facilitate management.
		9. Appropriately and accurately communicates health assessment and plan of care, to include diagnoses and therapeutic interventions to members of the interdisciplinary health care team. Provides for appropriate referral and collaboration.
		10. Practices within an evidence-based professional scope with attention to legal and ethical standards.

**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 held certification with the PNCB? Y N PNCB Certification Number: \_\_\_\_\_ Are you certified with ANCC? Y N