



The Pediatric Nursing Certification Board, Inc.
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 Gaithersburg, MD 20877-4152
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Acute Care PNP
 Skills
 Verification Form

Incomplete forms will not be considered.

Pathway II (graduated more than 24 months ago) - PNP Skills Verification Form

To the applicant: Please print or type your name in the space provided below and forward this form to a physician supervisor or pediatric nurse practitioner who has 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.

PNP Name _____ Last 4-digits SSN _____

Certification number (PNCB) _____ Are you certified with ANCC? Y N

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 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. Secures 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. Critically evaluates the health history developing strategies for collection of objective data.
		3. 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.
		4. Discriminates between normal and abnormal findings on screening physical assessment and laboratory data.
		5. Constructs an appropriate plan of care, critically assessing history, physical assessment findings and laboratory data as indicated.
		6. Selects and utilizes appropriate developmental screening tests to perform an accurate and appropriate developmental evaluation.
		7. Identifies and manages acute and chronic childhood conditions.
		8. Provides anticipatory guidance to children & parents concerning problems of child rearing, such as: feeding, developmental crises, common illnesses and accidents.
		9. Identifies community health resources and guides parents in their use.
		10. Appropriately and accurately communicates health assessments and plan of care, to include diagnostic judgments and therapeutic interventions, to members of the health team. Provides for appropriate referral.

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 _____

Telephone _____ Email _____