

DOCUMENTATION OF PNP EDUCATION FORM

PEDIATRIC NURSING CERTIFICATION BOARD, INC.
800 S. Frederick Avenue, Suite 204, Gaithersburg, MD 20877-4152
1-888-641-2767 - www.pncb.org

The PNP Exam applicant must be a graduate of a program granting a PNP Master's degree in nursing or of a Post Master's PNP program included on the PNCB's list of recognized programs preparing pediatric nurse practitioners. Inclusion on the PNCB listing indicates that a program has met the standards for PNP education, as set forth by the American Association of Colleges of Nursing, the Commission on Collegiate Nursing Education (CCNE), the National Organization of Nurse Practitioner Faculties (NONPF), the Association of Faculties of Pediatric Nurse Practitioners (AFPNP) Programs and the PNCB.

All information below must be provided. Blank items will invalidate this form. This form must be completed and signed by both the Applicant and Program Director or appropriate designee in order for form to be valid. We are unable to accept a digital/electronic or stamped signature.

PNP EXAM APPLICANT MUST COMPLETE #1-11. PROGRAM DIRECTOR MUST COMPLETE #12.

1. Please select the appropriate PNP Exam:
 Primary Care PNP Exam
 Acute Care PNP Exam

2. Please select the appropriate student and eligibility Pathway that represents your graduate PNP status:
 Master's student
 Pathway I (graduated w/in 24 months From Master's PNP Program)
 Pathway II (more than 24 months since completion of Master's PNP Program)
 Post Master's student
 Pathway I (graduated w/in 24 months From Post Master's PNP Program)
 Pathway II (more than 24 months since completion of Post Master's PNP Program)

3. **Applicant printed name:** _____
Applicant signature: _____

4. Date: _____

5. Applicant last 4 digits of SSN: _____

6. Name of School:

7. Address of School:

8. Program Number/Code: _____ (3 digit # for PC Programs and 4 digit # for AC Programs)
Go to www.pncb.org and "Recognized Programs" to find Program Number/Code assigned to your graduate PNP program.

9. Date PNP option of above named program was completed: _____

10. Date MSN degree awarded: _____

11. Date Post Master's certificate awarded (if applicable): _____

12. PROGRAM DIRECTOR MUST VERIFY APPLICANT INFORMATION ABOVE, SIGN BELOW, AND MAIL TO PNCB.

I verify that the above named applicant has completed the appropriate PNP curriculum as approved by the PNCB. This program meets the terms and dates for program recognition as determined by the PNCB.

Signature of Program Director: _____

Printed Name of Program Director: _____

Date: _____

This Documentation of PNP Education Form must be submitted directly to the PNCB from the educational institution in a formal university mailer.

Mail to: PNCB, 800 S. Frederick Avenue, Suite 204, Gaithersburg, MD 20877-4152.