

# DOCUMENTATION OF PEDIATRIC NURSE PRACTITIONER EDUCATION FORM

## Pathway III

THE PEDIATRIC NURSING CERTIFICATION BOARD, INC.  
800 S. Frederick Avenue, Suite 204, Gaithersburg, MD 20877-4152  
1-888-641-2767 - [www.pncb.org](http://www.pncb.org)

- **PATHWAY III** (Endorsement exam by self-assessment—ANCC certified)

APPLICANT NAME: \_\_\_\_\_

APPLICANT SSN: \_\_\_\_\_

### ELIGIBILITY CRITERIA

The 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 Association of Faculties of PNP Programs and the PNCB.

- Completion of PNP education, either master's or post master's education, must be documented by submission of this form. Please contact PNCB for program number and information.
- Applicant must sign statement below.

PLEASE PRINT IN INK OR TYPE ALL INFORMATION. THIS FORM MAY BE DUPLICATED.

1. Name of School:

\_\_\_\_\_

2. Address of School:

\_\_\_\_\_  
\_\_\_\_\_

3. Program Number (contact PNCB for number): \_\_\_\_\_

4. Date PNP option of above named program was completed: \_\_\_\_\_

5. Date MSN degree awarded: \_\_\_\_\_

6. Date Post Master's certificate awarded (if applicable): \_\_\_\_\_

### Educational Program Contact Information:

Program Director: \_\_\_\_\_ Credentials: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1. I hereby certify that the information given on this Documentation of PNP Education form is true and accurate to the best of my knowledge and belief. 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_