EMERGENCY NURSE PRACTITIONER (ENP) CERTIFICATION BY EXAMINATION PAPER APPLICATION

Applicants must meet eligibility options and criteria in order to apply to take the Emergency Nurse Practitioner certification examination. Use this application to apply for the following option:

Option 1: **Continuing Education (CE) and Emergency Practice Hours as a Family Nurse Practitioner**

- Current national certification as a Family Nurse Practitioner
- 100 emergency-related CE contact hours within the past 5 years, which includes 30 credits of emergency procedures
- Minimum 2,000 direct care emergency practice clinical hours as a Family NP within the past 5 years
- Current, active RN license in the United States, US territories, or Canadian province or territory

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PAPER APPLICATION INSTRUCTIONS

- Applicants are encouraged to apply online at **www.aanpcert.org**.
- This paper application form is available for candidates who are unable to complete the online application.
- Download and save the completed paper application prior to submitting the application via mail, fax, or email to AANPCB.
- A non-refundable Paper Application Processing Fee is automatically charged for processing paper applications regardless of delivery method (email, mail, and fax) to AANPCB.
- Applicants are encouraged to create, update, and maintain their on-line profiles to receive updates regarding their application.
- Keep a copy of the completed application for your records.
- Submit a copy of **current RN licensure** with expiration date AND a copy of **national certification** with expiration date as a Family Nurse Practitioner (only required if certified by ANCC).
- Incomplete applications will result in processing delays.
- Fee payment is required to process all applications.
- PLEASE PRINT NEATLY.

Mail completed paper applications, licenses, and transcripts to:
AANPCB
Capitol Station, LBJ Building,
P.O. Box 12926
Austin, TX 78711-2926

Overnight delivery ONLY:
AANPCB
2600 Via Fortuna, Suite 240
Austin, TX 78746-7006

Fax or email completed paper applications, license, transcripts, and correspondence to:
Fax: (512) 637-0540   Email: Certification@aanpcert.org

AANPCB Certification Administration numbers:
Main: (512) 637-0500   Toll: (855) 822-6727

EMERGENCY NURSE PRACTITIONER (ENP) CERTIFICATION BY EXAMINATION PAPER APPLICATION

CONTINUING EDUCATION (CE) AND EMERGENCY PRACTICE HOURS AS A FAMILY NURSE PRACTITIONER (FNP)

- See eligibility options page 1.
- Download and save the completed paper application prior to submitting it via mail, fax, or email to AANPCB.

UNIQUE IDENTIFIER - ESTABLISHED FOR ALL APPLICANTS
Month and day of birth, and last 4 numbers of the applicant Social Security Number are used to process an application.

Month & Day of Birth (mm/dd):
Last 4 of SSN:

For Office Use

LEGAL NAME, ADDRESS, and PHONE
Name on this application needs to match:
1) Legal ID required for verification and admittance to the Testing Center
2) Legal name used for certification purposes
3) Name that will be printed on the certificate and wallet card.

First:	Middle:	Last:
Address:		
City:	**State:**	**Zip:**
Phone Cell:	**Home:**	**Work:**
Email Address:		

NURSE PRACTITIONER CERTIFICATION INFORMATION
Provide a copy of your FNP certificate or wallet card if certified by the American Nurses Credentialing Center.

AANPCB Family NP Certification Number: **F**   Exp. date:

ANCC Family NP Certification Number: Exp. date:

CURRENT RN LICENSURE
May be accessed from your State Board of Nursing online verification system.

State	RN License Number	Date Of Expiration

CONTINUING EDUCATION LOG
100 emergency-related CEs are required. Only CEs completed within 5 years of this application will be accepted.

CE PROGRAM OR ACTIVITY	PROGRAM SPONSOR / INSTITUTION	CE ACCREDITOR (Ex: AANP, ANCC, AAFP, ACCME)	DATE COMPLETED	CE CONTACT HOURS	EMERGENCY PROCEDURE SKILL CE HR.*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

- All 100 CEs must be completed within 5 years of this application
- 1 academic credit hour = 15 contact hours
- **Emergency Procedures/Skills*** - enter # of contact hours issued for this activity
- **Copies of CE certificates are required for complete application**
- Print as many copies of this **CE LOG** page as needed to complete CE documentation

Total CE Contact Hours:

Enter total Emergency Skills/ Procedures CE Contact Hours*:

EMERGENCY CARE PRACTICE SITE INFORMATION
2,000 direct care hours as a Family NP in emergency care within the past 5 years are required.

Site name:	
Address:	
City State Zip:	

Emergency care practice setting:	☐ Urban	☐ Suburban	☐ Rural	☐ Frontier/Remote

Practice type:	☐ Hospital ED	☐ Free-standing ED	☐ Observation Unit	☐ Urgent Care Clinic (UCC)
	☐ Pediatric UCC/ED	☐ Occupational / Employee Health	☐ Correctional Facility	☐ School/ College Health Service
	☐ Other (Specify): _____			

Dates	From (mm/yyyy):	To (mm/yyyy):	# of clinical hours:

Position/Title: Family NP ☐ Yes ☐ No

Site name:	
Address:	
City State Zip:	

Emergency care practice setting:	☐ Urban	☐ Suburban	☐ Rural	☐ Frontier/Remote

Practice type:	☐ Hospital ED	☐ Free-standing ED	☐ Observation Unit	☐ Urgent Care Clinic (UCC)
	☐ Pediatric UCC/ED	☐ Occupational / Employee Health	☐ Correctional Facility	☐ School/ College Health Service
	☐ Other (Specify): _____			

Dates	From (mm/yyyy):	To (mm/yyyy):	# of clinical hours:

Position/Title: Family NP ☐ Yes ☐ No

Site name:	
Address:	
City State Zip:	

Emergency care practice setting:	☐ Urban	☐ Suburban	☐ Rural	☐ Frontier/Remote

Practice type:	☐ Hospital ED	☐ Free-standing ED	☐ Observation Unit	☐ Urgent Care Clinic (UCC)
	☐ Pediatric UCC/ED	☐ Occupational / Employee Health	☐ Correctional Facility	☐ School/ College Health Service
	☐ Other (Specify): _____			

Dates	From (mm/yyyy):	To (mm/yyyy):	# of clinical hours:

Position/Title: Family NP ☐ Yes ☐ No

STATE BOARD OF NURSING NOTIFICATION FORM

1. **AANPCB does not charge a verification fee to send status results to State Boards of Nursing.**
2. <mark>**Download this form and save to your computer, then enter and re-save your information before returning to AANPCB**</mark>
3. **Return completed SBON Notification Forms to AANPCB via fax, mail, or email. Please print clearly.**
4. **State Boards of Nursing may request notification of Certification, Failure, or Expiration Status.**

APPLICANTS APPLYING FOR INITIAL CERTIFICATION

☐ Notify the following SBON that *I am Eligible-To-Sit* for the following AANPCB examination.
    ☐ **Adult-Gero Primary Care NP Exam**   ☐ **Emergency NP Exam**   ☐ **Family NP Exam**

☐ Notify the following SBON that *I have taken the AANPCB Certification Examination* as soon as my
Certification status is released.
    ☐ **Adult-Gero Primary Care NP Exam**   ☐ **Emergency NP Exam**   ☐ **Family NP Exam**

NURSE PRACTITIONERS CURRENTLY CERTIFIED BY AANPCB

☐ Notify the following State Board of Nursing of the *Status of my current AANPCB National Certification*.
    ☐ **Adult NP**   ☐ **Adult-Gero Primary Care NP**   ☐ **Emergency NP**   ☐ **Family NP**   ☐ **Gerontologic NP**

☐ Notify the following State Board of Nursing of the *Renewal of my AANPCB National Certification.*
    ☐ **Adult NP**   ☐ **Adult-Gero Primary Care NP**   ☐ **Emergency NP**   ☐ **Family NP**   ☐ **Gerontologic NP**

My AANPCB Certification Number is (begins with **A, AG, E, F,** or **G**):

STATE BOARD OF NURSING (SBON) INFORMATION

Name of SBON:

Address:

City: State: Zip Code:

Note:

CANDIDATE/CERTIFICANT INFORMATION

Full Name:

Address:

City: State: Zip Code:

Last 4 of SSN: MM/DD of Birth (e.g.; 01/23):

Signature: Date:

BONForm.08302017
Main: (512) 637-0500   www.aanpcert.org   Toll-free: (855) 822-6727
Fax: (512) 637-0540   certification@aanpcert.org   PO Box 12926, Austin, TX 78711-2926

ATTESTATION STATEMENT FOR ENP CERTIFICATION EXAMINATION

I certify that all the information I have provided on all pages of this certification examination application is true and correct. I further understand that timely submission of all supporting or required documentation, including applicable fees, is necessary for processing my application and failure to respond to a request for further information will result in a delay in taking the certification examination. I acknowledge that I have accessed the **AANPCB** **Emergency Nurse Practitioner** *Specialty Certification and Candidate Handbook online at* **www.aanpcert.org** *and accept all policies as outlined in the Handbook. I also understand that all information I provide will be kept confidential and shall not be used for other purposes without my permission.*

Signature: _____ Date: _____

EXAMINATION FEE

Fee includes a nonrefundable administrative paper application fee. Fees are subject to change without notice.
Membership number and current expiration date is required to receive discounted fee. Provide a copy of membership card.

☐ $290.00	**American Association of Nurse Practitioners (AANP)***	
	Membership #	Exp. Date:
☐ $290.00	**American Academy of Emergency Nurse Practitioners (AAENP)****	
	Membership #	Exp. Date:
☐ $365.00	Non-Member	

PAYMENT INFORMATION

☐	Enclosed is my check payable to: ***American Academy of Nurse Practitioners Certification Board (AANPCB)***
	Check #: Money Order #:
☐	Charge my credit card: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover
	Name on Credit Card (Please print):
	Card # Expiration Date:
	Signature:

OPTIONAL MEMBERSHIP INFORMATION

☐ Check here if you would like to receive information from the ***American Association of Nurse Practitioners (AANP)* Membership Organization** including, but not limited to, CE opportunities, health care policy information, National Conference information, and additional beneficial information for Nurse Practitioners.

☐ Check here if you would like to receive information from the ***American Academy of Emergency Nurse Practitioners (AAENP)** ** Membership Organization* including, but not limited to, AAENP publications, initiatives, CE opportunities, and additional beneficial information for Nurse Practitioners working in emergency care settings.

APPLICATION CHECKLIST

☐ Application form is completely filled out, signed, & dated.
☐ Name on this application matches 2 forms of legal ID required for verification and admittance to the Testing Center, matches legal name used for certification purposes, and is the name that will be printed on the certificate and wallet card.
☐ If a legal name change has occurred since RN or transcripts were issued, include a copy of supporting legal documents.
☐ Practice site information is completely filled out and legible.
☐ Copy of current **RN license** with expiration date.
☐ Copy of your **Family Nurse Practitioner certification** with expiration date if certified by ANCC.
☐ Copy of current **AANP*** or **AAENP**** Membership card with expiration date to receive discounted fee.
☐ Update and maintain online profile to receive status updates and communication regarding this application.