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 3: Fellowship Program in Emergency Care

- Current national certification as a Family Nurse Practitioner
- Completion of an approved advanced practice fellowship program in emergency care
- 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

EMERGENCY CARE FELLOWSHIP PROGRAM

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

For Office Use

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:

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

EMERGENCY FELLOWSHIP PROGRAM

Provide information regarding the advanced practice emergency fellowship program. Also, submit certificate of fellowship program completion or letter from program director.

Fellowship Program Name:			
Hospital and/or University affiliation:			
Program Contact Address:			
Program Director (Name and Credentials):			
Program Director's Contact Phone:		Email:	
Date of Program Completion:	Month	Day	Year
Length of emergency care/medicine fellowship (# months):			
Enter any additional descriptions of the Fellowship, including program duration, emergency specialty content, and clinical practice:			

CLINICAL SITE INFORMATION

Enter only direct patient care clinical hours in the Emergency Fellowship Program.

Clinical Hours #

Site name:				
Address:				
City State Zip:				
Emergency care practice setting:	☐ Urban	☐ Suburban	☐ Rural	☐ Frontier/Remote
Practice type:	☐ Hospital ED ☐ Pediatric UCC/ED ☐ Other (Specify): ___	☐ Free-standing ED ☐ Occupational / Employee Health	☐ Observation Unit ☐ Correctional Facility	☐ Urgent Care Clinic (UCC) ☐ School/ College Health Service
Dates	From (mm/yyyy):	To (mm/yyyy):	# of clinical hours:	

Site name:				
Address:				
City State Zip:				
Emergency care practice setting:	☐ Urban	☐ Suburban	☐ Rural	☐ Frontier/Remote
Practice type:	☐ Hospital ED ☐ Pediatric UCC/ED ☐ Other (Specify): ___	☐ Free-standing ED ☐ Occupational / Employee Health	☐ Observation Unit ☐ Correctional Facility	☐ Urgent Care Clinic (UCC) ☐ School/ College Health Service
Dates	From (mm/yyyy):	To (mm/yyyy):	# of clinical hours:	

Site name:				
Address:				
City State Zip:				
Emergency care practice setting:	☐ Urban	☐ Suburban	☐ Rural	☐ Frontier/Remote
Practice type:	☐ Hospital ED ☐ Pediatric UCC/ED ☐ Other (Specify): ___	☐ Free-standing ED ☐ Occupational / Employee Health	☐ Observation Unit ☐ Correctional Facility	☐ Urgent Care Clinic (UCC) ☐ School/ College Health Service
Dates	From (mm/yyyy):	To (mm/yyyy):	# of clinical hours:	

STATE BOARD OF NURSING NOTIFICATION FORM

1. **AANPCB does not charge a verification fee to send status results to State Boards of Nursing.**
2. **Download this form and save to your computer, then enter and re-save your information before returning to AANPCB**
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: _____

Main: (512) 637-0500
Fax: (512) 637-0540
www.aanpcert.org
certification@aanpcert.org
Toll-free: (855) 822-6727
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 **Fellowship certificate** or **letter of completion from program director**
- ☐ 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.