

## AANPCB - RENEWAL OF CERTIFICATION BY CLINICAL HOURS AND CE

### THIS IS NOT AN ONLINE APPLICATION

Please Return this Paper Application to *AANP Certification Board (AANPCB)* by Fax, Email, or Mail to:

**Fax:** 512-637-0540

**Email:** [Certification@aanpcert.org](mailto:Certification@aanpcert.org)

**Mail:** Capitol Station, LBJ Building, P.O. Box 12926 Austin, TX 78711-2926

THIS IS A FILLABLE PAPER APPLICATION THAT HAS TO BE SAVED & /OR PRINTED, & THEN MAILED, EMAILED, OR FAXED.

**Important Information:**

- This paper application form must be downloaded.
- Applicants are encouraged renew their certification online at [www.aanpcert.org](http://www.aanpcert.org)
- Certificants are encouraged to update and maintain their Online Profiles.
- A non-refundable Paper Application Processing Fee is automatically charged for all paper applications, regardless of delivery method.
- There is no charge for receipt of CE documents or RN licenses faxed, emailed, or mailed.
- Incomplete applications will result in processing delays.
- Month & Day of Birth and last 4 numbers of Social Security Number are required to process all applications
- Refer to the checklist at the end of this application prior to submitting your application
- See **2017 Certificant Handbook** for additional information.

For Office Use

***I am applying to renew my certification in the following specialty through Clinical Practice & CE Hours:***

- Adult Nurse Practitioner (ANP)**
- Family Nurse Practitioner (FNP)**
- Gerontologic Nurse Practitioner (GNP)**
- Adult-Gerontology Primary Care Nurse Practitioner (AGNP)**

**PLEASE PRINT NEATLY. Unique Identifiers are established for all applicants.** The month and day of birth, and last four numbers of the applicant’s Social Security Number are required to process all applications. Legal given name must match the identification used for verification and admittance to the testing center.

Month & Day of Birth (mm/dd):		Last 4 of SSN:	
AANPCB Certification # (begins with A , F, G or AG):		Certification Expiration Date:	
AANP Membership # (if applicable):			
First Name:	Middle:	Last:	
Address:			
City:	State:	Zip:	
Phone: Cell	Home	Work	
Email Address:			

**RECORD OF NP PRIMARY CARE CLINICAL HOURS AND PRACTICE SITE INFORMATION**

- Minimum 1,000 hours of clinical practice as a nurse practitioner appropriate for the population of certification **must be** worked within the current 5-year Certification Period.
- Include the complete name, address, and zip code for each practice site.
- Include enough clinical practice sites to meet the minimum of 1,000 clinical clock hours.
- AANPCB reserves the right to request supporting documentation validating a certificant’s provision of direct care of clients in their certification’s role and population-focus (Adult, Family, Gerontology, or Adult-Gero Primary Care).

Site Name 1				
Address				
City/State/Zip				
Dates (mm/yy):	From:	To:		
Number of Clock Hours:				
Capacity:	ANP	FNP	GNP	AGNP
At this site, did you function as a Nurse Practitioner in the Advanced Practice Role in your Population Focus?				
Yes		No		

Site Name 2				
Address				
City/State/Zip				
Dates (mm/yy):	From:	To:		
Number of Clock Hours:				
Capacity:	ANP	FNP	GNP	AGNP
At this site, did you function as a Nurse Practitioner in the Advanced Practice Role in your Population Focus?				
Yes		No		

Site Name 1				
Address				
City/State/Zip				
Dates (mm/yy):	From:	To:		
Number of Clock Hours:				
Capacity:	ANP	FNP	GNP	AGNP
At this site, did you function as a Nurse Practitioner in the Advanced Practice Role in your Population Focus?				
Yes		No		

Site Name 1				
Address				
City/State/Zip				
Dates (mm/yy):	From:	To:		
Number of Clock Hours:				
Capacity:	ANP	FNP	GNP	AGNP
At this site, did you function as a Nurse Practitioner in the Advanced Practice Role in your Population Focus?				
Yes		No		

**CONTINUING EDUCATION**

<b>Certificant Name:</b> (Please print)		
<b>Date certification expires:</b> (on or after January 1, 2017)		
<b>Total # pharmacology CE contact hours completed:</b> (Minimum 25 contact hours required)		
<b>Total # non-pharmacology CE contact hours completed:</b>		
<b>Optional:</b>	<b>Total # hours precepted</b> (Maximum 120 hours/5 years):	
	<b>Preceptor hours converted to CE hours:</b> (Maximum 25 contact hours. See <b>Preceptor Hours Conversion Table</b> )	
<b>Optional:</b>	<b>Academic coursework</b>	
<b>TOTAL # CE contact hours completed:</b> (Minimum 100)		

**Renewal Requirements**

- A **minimum 100 hours** of continuing education (CE) applicable to the population focus. Complete the **CE Log Form** and submit with application for renewal of certification.
- **Advanced practice pharmacology credits:** 25 of the 100 CE hours.
- **Precepting:** Credit for Precepting of a NP or interdisciplinary student at the advanced practice professional level **may be used**.
- **Academic coursework:** Credit for academic coursework may be used if relevant to advanced practice. Coursework is subject to approval, and both the name of the Certificant and the university must appear on the official or unofficial transcript sent to AANPCB.

**Preceptorship Hours**

Precepting is consistent with demonstration of continuing competence and professional involvement. A maximum 120 hours providing direct patient care as a preceptor accrued during the 5-year period can be claimed for a maximum of 25 non-pharmacology CE credits.

- Must be conducted at the advanced practice level, in the certificant role and population focus with graduate-level students, and may be part of a formal Inter-professional Education (IPE) program (medicine, dentistry, pharmacy, physician assistant) organized in collaboration with a student's course faculty, academic advisory, and partners of a clinical site or organization.
- Must be documented, verifiable, and conducted within the 5-year certification period. AANPCB reserves the right to request additional supporting documentation for validation of preceptorship.
- Convert to CE hours. See **Preceptor Hours Conversion Table in Certificant Handbook**.
- Complete the Preceptorship Form and submit with application for renewal of certification.

**Important Information:**

- Must meet all requirements within the current 5-year period of certification.
- **If pharmacology credit is included in the total CE contact hours, do not re-add these credits.**
- Copies of CE certificates may be sent to AANPCB via mail, email, or fax.
- Please provide CE copies in the order listed on this log.
- For more information, please refer to the **Certificant Handbook**.
- Attestation statement must be acknowledge by signature.

**CONTINUING EDUCATION RECORD LOG**

<b>Certificant Name:</b> (Please print)	<b>My certification expires:</b> (mm/dd/yy)
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NAME OF CONTINUING EDUCATION ACTIVITY	NAME OF PROGRAM SPONSOR/ INSTITUTION	CE ACCREDITOR (Ex: AANP, ANCC, ACCME)	DATE COMPLETED	TOTAL CE <sup>1, 2, 3, 4</sup> CONTACT HOURS AWARDED	Rx <sup>2</sup> CONTACT HOURS AWARDED
<i>Example: Audio Digest Tracker (Total contact hours earned = 40. This participant has earned 12.5 pharmacology CE contact hours from the activities listed above.)</i>	Audio Digest Foundation	ACCME	04/10/13 - 04/10/15	40.0	12.5
<i>Example: 2015 Online Adult-Gero NP Review Course (Accredited for 29.5 contact hours which includes 15 hours of pharmacology.)</i>	APEA	AANP	10/14/15	29.5	15.0
<i>Example: 2015 Infectious Diseases Update (This program has been granted 1.25 contact hours of continuing education, which includes 0.22 pharmacology hours)</i>	AANP	AANP	04/15/15	1.25	0.22
<i>Example: NSG 563: MGMT ADULT II 3 credit course</i>	Univ. of Washington		05/12/15	3 credits x 15 = 45.0	0
				Total Hours: 115.75	Rx Total: 27.72

1.					
2.					
3.					
4.					
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8.					
9.					
10.					
11.					

- 1** - Minimum 100 hours of continuing education (CE) applicable to role/population focus
- 2** Includes minimum of 25 pharmacology credits. Rx = Pharmacology content. Contact your Board of Nursing for additional requirements.
- 3** - Optional: 1 academic credit hour = 15 contact hours
- 4** - Optional credit for Preceptor Hours. Maximum 25 contact hours. Convert to CE hours. See *Preceptor Hours Conversion Table* in *Certificant Handbook*.

**TOTALS:**

*Print as many copies of the CE Log as needed to complete CE documentation.*

**REQUIREMENTS MUST BE MET WITHIN THE CURRENT 5-YEAR PERIOD OF CERTIFICATION**

**CURRENT RN LICENSURE**

(May be accessed from your SBON online verification system)

State	RN License Number	Date Of Expiration

**ATTESTATION STATEMENT FOR RENEWAL OF CERTIFICATION BY CLINICAL HOURS AND CONTINUING EDUCATION**

*I am applying for renewal of my certification as a Nurse Practitioner through Clinical Practice Hours and Continuing Education (CE). I acknowledge that I have read this application in its entirety. I understand that information provided is subject to audit. Failure to respond to a request for further information could result in a delay in my receiving my recertification, revocation of my certification, or other appropriate action as per AANP National Certification Board Policies and Procedures.*

*I acknowledge that I have accessed and reviewed the **Certificant Handbook**, available online at [www.aanpcert.org](http://www.aanpcert.org). I accept all policies as outlined in the Handbook. I understand my responsibilities and renewal options for my AANPCB certification. I understand that timely submission of all supporting and required documentation, including applicable fees, is necessary for the processing of my application.*

*I understand it is my responsibility to renew my certification prior to the expiration date and that failure to do so can affect my ability to continue to work as a certified nurse practitioner as per state licensing authorities. I understand my responsibilities and renewal options for my AANPCB certification. (A second signature is required below of Adult Nurse Practitioners.)*

***I can attest that during the last 5-year certification period:***

- *I have met the minimum requirement for advanced practice continuing education (CE) applicable to my NP certification population-focus; including a minimum of 25 advanced pharmacology CE.*
- *I have worked a minimum of 1,000 hours in direct patient care as an NP in my role and population foci;*
- *I can provide further validation of my clinical practice hours (or preceptorship as applicable) if required; and*
- *I possess a current license as a RN.*

*I certify that all information provided on all pages of this Recertification Application are true and correct. I understand that misstatement of material fact may result in revocation of my certification and I am subject to AANPCB Disciplinary Policies and procedures. I also understand that all information I provide will be kept confidential and shall not be used for purposes other than AANPCB certification processes without my permission.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ADULT NURSE PRACTITIONERS ONLY**

**THIS IS A FILLABLE PAPER APPLICATION THAT MUST BE SAVED, PRINTED, & MAILED. THIS IS NOT AN ONLINE APPLICATION.**

**RE: Adult Nurse Practitioner National Certification Examination:**

*I understand that the Adult Nurse Practitioner National Certification Examination was retired in December 2016. I understand and acknowledge that the only available option for renewal of my certification as an Adult Nurse Practitioner in the future is by meeting the current minimum clinical practice, continuing education, and/or other requirements in effect at the time of my next certification renewal.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**STATE BOARD OF NURSING NOTIFICATION FORM - RECERTIFICATION**

- This form must be completed in order to notify a State Board of Nursing (SBON) of renewal of a Certificant's *National Certification* by AANPCB
- There is No Charge to send results to a State Board of Nursing
- *Please Print Clearly*

**Requestor's Information**

Full Name:	
Address:	
City	
Last 4 of SSN:	DOB (mm/dd)

My AANPCB Certification Number		<ul style="list-style-type: none"> <li>• Begins with A, F, G, or A-GNP</li> <li>• <i>Is not</i> my AANP Membership #</li> </ul>	
A #	F #	G #	A-GNP #

Please notify the following State Board of Nursing of the **Renewal** of my **AANPCB National Certification**:

State Board Name:

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SBON Address:

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Notes:

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Signature:

Date:

Return completed form to AANPCB:

Fax: 512.637.0540

Email: [certification@aanpcert.org](mailto:certification@aanpcert.org)

Mail: PO Box 12926, Austin, TX 78711-2926

**FEE FOR RENEWAL OF CERTIFICATION\***

<input type="checkbox"/>	<b>AANP Members</b>	<b>\$170.00</b>
<input type="checkbox"/>	<b>Non-AANP Members</b>	<b>\$245.00</b>

**TOTAL:**

\$	
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\*Fee includes a nonrefundable administrative paper application fee. Fees are subject to change without notice.

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: \_\_\_\_\_

**APPLICATION CHECKLIST**

- Application form is completely filled out, signed & dated
- Return this Paper Application to AANPCB by fax, email, or mail**
- Name on application matches **legal name** used for certification purposes and is the name that will be printed on the certificate and wallet card issued
- Clinical practice site information is filled out completely
- Clinical clock hours equal a minimum of 1,000 clinical clock hours
- Continuing Education Record Log** is filled out completely
- Attach all copies of continuing education certificates to this form in the order listed on the Record Log
- If Academic semester credits are being used for recertification, the Certificant name and the university **must** be on the transcript received by AANPCB
- Copy of **current RN license includes expiration date**
- State Board of Nursing Form** is completed and attached if required
- Update and maintain Online Profile for status updates and communication regarding this application
- Keep a photocopy of completed application for your records.**
  
- Check here if you would like to receive information from the American Association of Nurse Practitioners (AANP) Membership Organization including, but not limited to, continuing education opportunities, health care policy information, conference information, and additional beneficial information for Nurse Practitioners.**

**Completed paper applications, RN licenses, and correspondence may be faxed or emailed to:**

**Fax:** (512) 637-0540

**Email:** [Certification@aanpcert.org](mailto:Certification@aanpcert.org)

**Certification Administration numbers:**

**Main:** (512) 637-0500

**Toll:** (855) 822-6727

**Completed paper applications and RN licenses may be mailed to AANPCB at:**

**Mailing Address:** Capitol Station, LBJ Building, P.O. Box 12926 Austin, TX 78711-2926

**Physical Address:** 2600 Via Fortuna, Suite 240 Austin, TX 78746-7006