

## 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](http://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.
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#### **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](mailto: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:
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ANCC Family NP Certification Number:	Exp. date:
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**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.					
<ul style="list-style-type: none"> <li>All 100 CEs must be completed within 5 years of this application</li> <li>1 academic credit hour = 15 contact hours</li> <li><b>Emergency Procedures/Skills*</b> - enter # of contact hours issued for this activity</li> <li><b>Copies of CE certificates are required for complete application</b></li> <li>Print as many copies of this <b>CE LOG</b> page as needed to complete CE documentation</li> </ul>			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: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Frontier/Remote			
Practice type: <input type="checkbox"/> Hospital ED <input type="checkbox"/> Free-standing ED <input type="checkbox"/> Observation Unit <input type="checkbox"/> Urgent Care Clinic (UCC)			
<input type="checkbox"/> Pediatric UCC/ED <input type="checkbox"/> Occupational / Employee Health <input type="checkbox"/> Correctional Facility <input type="checkbox"/> School/ College Health Service			
<input type="checkbox"/> Other (Specify): _____			
Dates	From (mm/yyyy):	To (mm/yyyy):	# of clinical hours:
Position/Title: Family NP <input type="checkbox"/> Yes <input type="checkbox"/> No			

Site name:			
Address:			
City State Zip:			
Emergency care practice setting: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Frontier/Remote			
Practice type: <input type="checkbox"/> Hospital ED <input type="checkbox"/> Free-standing ED <input type="checkbox"/> Observation Unit <input type="checkbox"/> Urgent Care Clinic (UCC)			
<input type="checkbox"/> Pediatric UCC/ED <input type="checkbox"/> Occupational / Employee Health <input type="checkbox"/> Correctional Facility <input type="checkbox"/> School/ College Health Service			
<input type="checkbox"/> Other (Specify): _____			
Dates	From (mm/yyyy):	To (mm/yyyy):	# of clinical hours:
Position/Title: Family NP <input type="checkbox"/> Yes <input type="checkbox"/> No			

Site name:			
Address:			
City State Zip:			
Emergency care practice setting: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Frontier/Remote			
Practice type: <input type="checkbox"/> Hospital ED <input type="checkbox"/> Free-standing ED <input type="checkbox"/> Observation Unit <input type="checkbox"/> Urgent Care Clinic (UCC)			
<input type="checkbox"/> Pediatric UCC/ED <input type="checkbox"/> Occupational / Employee Health <input type="checkbox"/> Correctional Facility <input type="checkbox"/> School/ College Health Service			
<input type="checkbox"/> Other (Specify): _____			
Dates	From (mm/yyyy):	To (mm/yyyy):	# of clinical hours:
Position/Title: Family NP <input type="checkbox"/> Yes <input type="checkbox"/> 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. 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: _____
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Note: \_\_\_\_\_

\_\_\_\_\_

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## CANDIDATE/CERTIFICANT INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: _____	State: _____	Zip Code: _____
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Last 4 of SSN: _____	MM/DD of Birth (e.g.; 01/23): _____
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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](http://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. I acknowledge that refunds are processed according to information available on the AANPCB website, on the home page, in the Candidate Handbook, under the FAQs and Employers/Credentialing Services sections.

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.

<input type="checkbox"/>	<b>\$290.00</b>	<b>American Association of Nurse Practitioners (AANP)*</b> Membership # _____ Exp. Date: _____
<input type="checkbox"/>	<b>\$290.00</b>	<b>American Academy of Emergency Nurse Practitioners (AAENP)**</b> Membership # _____ Exp. Date: _____
<input type="checkbox"/>	<b>\$365.00</b>	Non-Member

### PAYMENT INFORMATION

<input type="checkbox"/>	Enclosed is my check payable to: <b>American Academy of Nurse Practitioners Certification Board (AANPCB)</b>			
	Check #:		Money Order #:	
<input type="checkbox"/>	Charge my credit card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex <input type="checkbox"/> 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.