

## RENEWAL OF CERTIFICATION BY CLINICAL HOURS AND CONTINUING EDUCATION

This is a fillable PDF form. **Not an online application. Save the form on your computer or print it as a paper application**  
**Submit completed application to AANPCB via email, fax, or mail.**

### Important Information:

- Applicants are encouraged to apply online at [www.aanpcert.org](http://www.aanpcert.org) to renew their certification.
- Certificant’s month and day of birth and last 4 numbers of SSN are required to process all applications.
- Certificants are responsible for updating and maintaining their **Online Profile**.
- A non-refundable paper application processing fee is charged for all paper applications regardless of delivery method.
- Incomplete applications will result in processing delays.
- Refer to the **NP Recertification/ Certificant Handbook** for information, policies, and procedures.
- Refer to the checklist at the end of this application prior to submitting your application.

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

**Fax:** 512-637-0540

**Mail:** P.O. Box 12926 Austin, TX 78711-2926



### *I am applying to renew my NP certification in the following specialty:*

- 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 4 numbers of applicant’s Social Security Number are required to process all applications. Legal given name will be name printed on certificate.

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):		
Name: First	Middle	Last
Address		
City	State	Zip
Phone Numbers: Mobile	Home	Work
Email Address:		

## **REQUIREMENTS FOR RENEWAL OF CERTIFICATION**

### **Important Information**

- All requirements must be met within the current 5-year period of certification.
- All recertification applications are subject to **AANPCB's Audit Policy**.
- Copies of CE certificates may be sent to AANPCB via mail, email, or fax.
- Print as many copies of the **CE Log** and **Clinical Practice Site** page as needed to complete hours and CE documentation.
- For more information, please refer to the **NP Recertification/Certificant Handbook**.

### **Clinical Hours and Practice Site Information (Required)**

- A **minimum of 1,000 hours of clinical practice as a nurse practitioner** worked in direct patient care appropriate for the population of certification (e.g., Adult, Family) as an employee or volunteer.
- Only clinical hours worked within the current 5-year period of certification will count towards renewal.
- Include the complete name, address, and zip code for each practice site.
- AANPCB reserves the right to request supporting documentation for validation of 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 NP).

### **Continuing Education Requirements (Required)**

- A **minimum of 100 hours of advanced nursing practice continuing education (CE)** applicable to the population focus.
- A **minimum of 25 hours of the 100 CE hours advanced practice pharmacology** credits is required.
- Only CEs completed within the current 5-year period of certification will count towards renewal.
- If pharmacology credit is included in the total CE contact hours, do not re-add these credits.
- Complete the **CE Log Form** and submit with renewal application. Provide copies of CEs in the order listed on the CE log.

### **Current RN/APRN Licensure (Required)**

- Provide a copy of RN/APRN license and submit with renewal application.
- Copy must show expiration date of RN/APRN license.
- May be accessed from your SBON online verification system.

### **Academic Coursework (Optional)**

- Credit for academic coursework may be used if relevant to advanced practice.
- A transcript (official or unofficial) is required.
- Coursework is subject to approval.
- Both the certificant's name and the name of the university must appear on the transcript received by AANPCB.

### **Precepting Hours (Optional)**

- **Precepting** is consistent with the demonstration of continuing competence and professional involvement. For the purposes of recertification, precepting is defined as the provision of direct patient care as an NP preceptor conducted at the advanced practice level, in the certificant role and population focus with graduate-level nurse practitioner students. It may also 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.
- Precepting of an NP or interdisciplinary student at the advanced practice professional level must be documented, verifiable, and conducted within the current 5-year certification period for renewal credit.
- A **maximum of 120-preceptor hours converted to a maximum of 25 non-pharmacology CE credits** shall be claimed. Convert Preceptorship Hours to CE hours: See **NP Recertification/Certificant Handbook -> Precepting -> Conversion Table**.
- Complete the **Preceptorship Form** and submit with renewal application.
- AANPCB reserves the right to request additional supporting documentation for validation of preceptorship.

### **Attestation Statement (Required)**

- Read **Attestation Statement for Renewal of Certification by Clinical Hours and Continuing Education**.
- Signature implies acknowledgement of attestation statement.

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

<b>Certificant Name:</b> (Please print)	<b>Last 4 of SSN:</b>	<b>NP Certification Expiration Date:</b> (mm/dd/yy)
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Site Name 1:		
Address:		
City/State/Zip:		
Clinical Practice Dates:	From (mm/yy)	To (mm/yy)
Number of Clock Hours:		
Capacity/NP Role:		
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:		
Clinical Practice Dates:	From (mm/yy)	To (mm/yy)
Number of Clock Hours:		
Capacity/NP Role:		
At this site, did you function as a Nurse Practitioner in the Advanced Practice Role in your Population Focus?		
Yes	No	
Site Name 3:		
Address:		
City/State/Zip:		
Clinical Practice Dates:	From (mm/yy)	To (mm/yy)
Number of Clock Hours:		
Capacity/NP Role:		
At this site, did you function as a Nurse Practitioner in the Advanced Practice Role in your Population Focus?		
Yes	No	
Site Name 4:		
Address:		
City/State/Zip:		
Clinical Practice Dates:	From (mm/yy)	To (mm/yy)
Number of Clock Hours:		
Capacity/NP Role:		
At this site, did you function as a Nurse Practitioner in the Advanced Practice Role in your Population Focus?		
Yes	No	

**CONTINUING EDUCATION (CE) RECORD (Required)** *Print as many copies of this CE Log as needed to complete CE documentation.*

<b>Certificant Name:</b> (Please print)	<b>Last 4 of SSN:</b>	<b>Certification Expiration Date:</b> (mm/dd/yy)
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NAME OF CONTINUING EDUCATION ACTIVITY	NAME OF PROGRAM SPONSOR/ INSTITUTION	CE ACCREDITOR (e.g., AANP, ANCC, ACCME)	DATE OF COMPLETION	TOTAL CE CONTACT HOURS AWARDED 1, 2, 3, 4, 5	Rx CONTACT HOURS AWARDED 1, 3
<i>Example: Audio Digest Tracker</i> The tracker lists a total of 30 contact hours of CE, which includes 7 pharmacology hours.	Audio Digest Foundation	ACCME	04/10/13 - 04/10/15	30.0	7.0
<i>Example: 24-Hour NP/PA Waiver Training for CARA</i> The CE certificate awards 24 contact hours of CE, which includes 18 pharmacology hours.	AANP	AANP	06/14/17	24.0	18.0
<i>Example: Preceptorship = 121 hours</i> Maximum 25 non-pharmacology contact hours. <sup>5</sup>	University of Florida	CCNE	05/31/15	25.0	-
<i>Example: NSG 901: Epidemiology</i> 3 academic credits x 15 contact hours = 45 hours. <sup>4</sup>	South University	CCNE	05/31/17	45.0	-
<i>Example:</i>				<b>CE Total:</b> 124.0	<b>Rx Total:</b> 25.0

1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

<b>TOTAL CE:</b> <i>Minimum 100</i>	
<b>TOTAL Rx CE:</b> <i>Minimum 25</i>	

- <sup>1</sup> All CE Requirements must be completed within the 5-year period of certification.
- <sup>2</sup> Continuing Education (CE) Hours: Minimum of 100 hours required.
- <sup>3</sup> Pharmacology (Rx) CE Content: Minimum of 25 pharmacology hours required.
- <sup>4</sup> Optional Academic Credit: 1 academic credit hour = 15 contact hours.
- <sup>5</sup> Optional Preceptorship credit: Up to a maximum 25 non-pharmacology contact hours. See **Precepting Conversion Table** in the *NP Recertification/ Certificant Handbook*. Complete and submit a separate **Preceptorship Form** with recertification application.

**CONTINUING EDUCATION RECORD (Extra CE Log)**

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

<b>Certificant Name:</b> (Please print)	<b>Last 4 of SSN:</b>	<b>NP Certification Expiration Date:</b> (mm/dd/yy)
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NAME OF CONTINUING EDUCATION ACTIVITY	NAME OF PROGRAM SPONSOR/ INSTITUTION	CE ACCREDITOR (e.g., AANP, ANCC, ACCME)	DATE OF COMPLETION	TOTAL CE CONTACT HOURS AWARDED 1, 2, 3, 4, 5	Rx CONTACT HOURS AWARDED 1, 3

TOTAL CE:	
TOTAL Rx CE:	

- 1 All CE Requirements must be completed within the 5-year period of certification.
- 2 Continuing Education (CE) Hours: Minimum of 100 hours required.
- 3 Pharmacology (Rx) CE Content: Minimum of 25 pharmacology hours required.
- 4 Optional Academic Credit: 1 academic credit hour = 15 contact hours.
- 5 Optional Preceptorship credit: Up to a maximum 25 non-pharmacology contact hours.  
See Precepting Conversion Table in the *NP Recertification/ Certificant Handbook*.  
Complete and submit a separate Preceptorship Form with recertification application.

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

**CURRENT RN/APRN LICENSURE (Required)**

<b>Certificant Name:</b> (Please print)		<b>Last 4 of SSN:</b>	<b>NP Certification Expiration Date:</b> (mm/dd/yy)
<b>State Board of Nursing</b>	<b>RN License Number</b>		<b>Date of Expiration</b>

**ATTESTATION STATEMENT**

*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 per the **AANPCB Recertification Audit Policy**. 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 American Academy of Nurse Practitioners National Certification Board Policies and Procedures.*

*I acknowledge that I have accessed and reviewed the **NP Recertification/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 registered nurse.*

*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:**

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

**PRECEPTORSHIP (Optional)**

Print as many copies of this Form as needed to complete Preceptorship documentation.

<b>Certificant Name:</b> (Please print)	<b>Last 4 of SSN:</b>	<b>NP Certification Expiration Date:</b> (mm/dd/yy)
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AANPCB Certification # (begins with A, E, F, G, or AG):
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Dates for this preceptorship were:	From:	To:		
Total # Preceptor Hours:		Convert to CE Credits*		= Total # CEs:

\* Preceptor Hours Conversion Table is located in the *NP Recertification/ Certificant Handbook*

Practice Site Name:
Address:
City, State, Zip:
The Preceptorship was conducted with students enrolled in an: 1. APRN Program: <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Nurse Anesthetist <input type="checkbox"/> Clinical Nurse Specialist 2. Interprofessional Educational (IPE) Program: <input type="checkbox"/> Medicine <input type="checkbox"/> Dentistry <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other:
Specialty Area /Population Focus for this preceptorship:
Number of Students Precepted:
Educational Institution:
Educational Address:
Educational Program Name:
Faculty Coordinator Name & Credentials:
Faculty Coordinator Email:
Contact Phone Number:

**ATTESTATION STATEMENT OF PRECEPTOR HOURS**

*I have reviewed the policies regarding Recertification and Maintenance of Certification and understand my responsibilities and renewal options for AANPCB certification. I certify that all the information I have provided on this Preceptor Form is true, accurate, and complete. I understand that providing false, inaccurate, or incomplete information may result in my not being able to use preceptor hours for the renewal of my AANPCB certification. I understand that the information I have provided is subject to audit and AANPCB reserves the right to request additional supporting documentation for validation of preceptorship my precepting information. Failure to respond to a request for further information could result in the expiration of my certification or other appropriate action as per AANPCB National Certification Board Policies and Procedures.*

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

**CERTIFICATION RENEWAL FEE\***

**AANP Members** \$170.00  
 **Non-AANP Members** \$245.00

**TOTAL:**

\$

\*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.
  - Name on application matches **legal name** used for certification purposes & is the name printed on certificate/wallet card.
  - Clinical practice site information filled out completely.
  - Clinical clock hours equal a minimum of 1,000 clinical clock hours.
  - Continuing Education Log is filled out completely.
  - Copies of all continuing education certificates are in the order listed on the CE Log.
  - Both Certificant name and university names are on the transcript if claiming academic credit.
  - Copy of RN license includes expiration date.
  - State Board of Nursing Form** is completed and attached if required.
  - Online Profile is updated & will be monitored for status updates/communication regarding this application.
  - Fax, email, or mail this Paper Application to AANPCB.
  - A photocopy of completed application should be kept for Certificant 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:** P.O. Box 12926 Austin, TX 78711-2926

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



**STATE BOARD OF NURSING NOTIFICATION FORM – RENEWAL OF CERTIFICATION****Important Information:**

- Complete and submit this form if you would like your State Board of Nursing (SBON) to be notified of the renewal of your AANPCB National NP Certification.
- There is no charge to send results to a State Board of Nursing.
- Please print clearly.

**Certificant Information**

Name (First Middle Last):	
Address:	
City State Zip:	
Last 4 of SSN:	Month & Day of Birth (mm/dd):

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

**State Board of Nursing Information**

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

1. Name of State Board of Nursing:
Comment:
2. Name of State Board of Nursing:
Comment:

**Return completed form to AANPCB:**

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

Fax: 512.637.0540

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