



National Association for Practical Nurse Education & Service, Inc.
Application For
PHARMACOLOGY and/or LONG-TERM CARE CERTIFICATION

New Certification Application (check all that apply)	<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Long-Term Care
Re-Certification by Examination (check all that apply)	<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Long-Term Care
Have you ever been certified by NAPNES? (If yes, please check all that apply)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Long-Term Care

Please complete each section by printing. Incomplete / illegible applications cannot be processed.

First Name: _____ Middle: _____ Last Name: _____

Street Address (including Apt. # if applicable): _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Social Security Number: _____ Date of Birth: _____

LP/VN License Number: _____ State of Licensure: _____

E-Mail Address: _____

(Privacy Statement: Your e-mail address and other personal information will never be sold, rented, or released to any third parties.)

Do you presently have a Pharmacology Certificate? Yes No

Do you presently have a Long-Term Care Certificate? Yes No

(If yes to either question and your name has changed since it was issued, you must supply documentation of name change [e.g., marriage license, divorce decree, etc.]

Please read the following information carefully. Your signature on this form indicates your understanding and agreement with the following statements:

I understand that I will receive an identification number and password and that both will expire within 60 days or when used. I understand that if I am successful on the exam(s), my certification is not complete until: a) I sign the AFFIDAVIT (generated at the end of the exam online) before a Notary Public; b) send the signed AFFIDAVIT to NAPNES within 60 days after receiving it; and c) receipt of a certification card from NAPNES. I understand that the term of certification is for 5 years after which time I must re-certify if I wish to maintain certification by NAPNES. I understand that it is my professional responsibility to notify NAPNES in the event of a change in the information requested and supplied on this form.

Signature: _____ Date: _____

NAPNES application / registration fee of \$100.00 is paid by: (Note: \$60.00 testing fee is paid online)

Visa MasterCard Personal Check (allow 2 extra weeks for check to clear)

Credit Card Number: _____ Card Expiration Date: _____

Signature: _____ Date: _____

Application Checklist

<input type="checkbox"/> Application Complete and Signed	<input type="checkbox"/> Copy of LP/VN License Attached
<input type="checkbox"/> I am ready to take exam within the next 60 days	<input type="checkbox"/> Application fee of \$100.00 per exam enclosed

Please mail completed form, documents, and payment to:
 NAPNES Certification Board/Processing Center
 P.O. Box 25647
 Alexandria, VA 22313