

National Association for Practical Nurse Education & Service, Inc.

2071 N Bechtel Avenue ♦ PMB 307 ♦ Springfield, OH 45504-1583

E-mail: certifications@napnes.org

FAX: 703-940-4089 | PHONE: 703-933-1003

Certification Application



Have you ever been certified *by NAPNES*

Yes

No

If yes, please check all that apply

Pharmacology

Long-Term Care

IV Therapy

NEW Certification Application (Check all that apply):

Pharmacology

Long-Term Care

IV Therapy

Re-Certification by Examination (Check all that apply):

Pharmacology

Long-Term Care

IV Therapy

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

First Name:	Middle Name	Last Name	E-mail Address	LP/VN License #

Street Address	City	State	Zip	Lic. State

Do you presently have a NAPNES Pharmacology Certificate?

Yes

No

Do you presently have a NAPNES Long-Term Care Certificate?

Yes

No

Do you presently have a NAPNES IV Therapy Certification?

Yes

No

If you answered yes to one of the three questions and your name has changed since it was issued, you must supply documentation of name change [e.g., marriage license, divorce decree, etc.] NAPNES will not issue a new card in a different name without documentation.

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 for each application for examination checked above, and that both will expire for each application for examination checked above 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 any certification is for three (3) 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.

Note: If your state no longer issues a hard copy of your license, it is your responsibility to go online and print off a validation of your license and mail in with your application.

Signature: _____ Date: _____

NAPNES application / registration fee of \$100.00 per application checked above is paid by:

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

Credit Card Number: _____ Card Expiration Date: _____

Signature: _____ Date: _____

Application Checklist

Application Complete and Signed

Copy of LP/VN License Attached

I am ready to take exam within the next 60 days

Application fee of \$100.00 **per exam** enclosed

Please mail completed form, documents, and payment to address above.

**For faster service,
pay online using
PayPal at
www.napnes.org**