

APPENDIX C



**National Association of Pediatric Nurse Practitioners<sup>SM</sup>**

**National Association of Pediatric Nurse Practitioners (NAPNAP-A10)**  
 40 Exchange Place, Ste. 1902 • New York, NY 10005  
 Phone: 877-662-7627 • Email: [info@napnap.org](mailto:info@napnap.org)

**By awarding the certificate, providers assure that the participant has successfully achieved the continuing education objectives of the program.**

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

**National NAPNAP Member Number:** \_\_\_\_\_  **Nonmember:** \_\_\_\_\_ **RN State:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Program Title:</b>		
<b>Program Date(s)/Date Completed:</b>		
<b>Program Location (Facility, City, State):</b>		
<b>Awarding Institution:</b> NAPNAP 40 Exchange Place, Suite 1902 New York, NY 10005	<b>Provider Information:</b> <i>Provider Name</i> <i>Provider Address</i>	<b>Chapter/Agency/Program #:</b> _____

This program is accredited for X.X NAPNAP CE contact hours of which X.X contain pharmacology content, per the National Association of Pediatric Nurse Practitioners Continuing Education Guidelines.



**Chapter Education Chair**

KEEP THIS CERTIFICATE FOR YOUR RECORDS FOR SIX (6) YEARS. Request for duplicate certificates should be made to NAPNAP.

NAPNAP is approved as a provider of nursing continuing education by the Florida Department of Health, Division of Quality Assurance, BON Accreditation (CE Provider #: 50-8626). NAPNAP is approved as provider by the California Board of Registered Nursing, Provider Number CEP 16770.