

APPENDIX C1
(When credits are different)



**National Association of
Pediatric Nurse PractitionersSM**

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

**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: _____

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

NAPNAP certifies that this participant has earned _____ contact hours of which _____ contain pharmacology content

For those attending the full course this program is accredited for a maximum 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.