

## National Association of Pediatric Nurse Practitioners (NAPNAP-A10)

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## **Faculty Participation Certificate**

Name:				
□ National NAPNAP Member Number:			RN State:	License Number:
Address:				
City:	State:	Zip:		
Program Title:				
Program Date(s)/Date Comp	leted:			
Program Location (Facility,	City, State):			
Awarding Institution: NAPNAP 40 Exchange Place, Suite 190 New York, NY 10005		Provider Information:	Chapter/Agency/Program #:	

This speaker is awarded 0.0 NAPNAP CE contact hours of which 0.0 contain pharmacology content, (0.0 are related to psychopharmacology) 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.