

APRN GERONTOLOGICAL SPECIALIST(GS-C) CERTIFICATION APPLICATION For First-Time Re-Examination ONLY

Please select format: Computer-Based Test (CBT)

OR *Conference-based Paper & Pencil Exam

*Please fill in applicable exam date and site (city and state) of conference:

Date: _____ Site: _____ All application materials must be postmarked by the deadline date or late-fee deadline date if applicable. There is no deadline for CBT format.

1. Name()		_
(Last) (Maiden)	(First)	
2. Last 4 digits of Soc Sec # XXX - XX	X -		
3. Home Address:			
City:	State:	Zipcode:	
4. Telephone: Home ()	Work (_)	
5. E-mail Address:			
RN license: State: RN license number:		Expiration date:	
7. Advanced Practice Registered Nur	se License: State:	RN lic	ense number:
8. List type of APRN current nationa	l certification:		
H	POLICY ON RE-EXA	MINATION	
A candidate who does not pass the e with this reduced application. If th candidate must complete the full ex charge will be assessed for any appl	e candidate does not _l am application for fu	pass the examinat ture attempts. PI	ion the second time, the LEASE NOTE: A \$50.00 late
Check the appropriate fee for:	GAPNA member Nonmember	<u>\$295</u> \$395	<pre>\$345 (LATE application) \$445 (LATE application)</pre>
Send this application form, a photocoj GNCC, PO Box 56, Pitman, NJ 08071			f member), and appropriate fee to
Check payment method: Check	Money Order V	isa Master (Card
Credit card number:			Expiration date:
Name on card:			
Signature:			Date: