



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

1. Name \_\_\_\_\_  
(Last) (Middle) (First)
2. Last 4 digits of Soc Sec # XXX - XX - \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_
4. Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. RN license: State: \_\_\_\_\_ RN license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_
7. Advanced Practice Registered Nurse License: State: \_\_\_\_\_ RN license number: \_\_\_\_\_
8. List type of APRN current national certification: \_\_\_\_\_

**POLICY ON RE-EXAMINATION**

A candidate who does not pass the examination has ONE YEAR in which to retake the examination with this reduced application. If the candidate does not pass the examination the second time, the candidate must complete the full exam application for future attempts. PLEASE NOTE: A \$50.00 late charge will be assessed for any application mailed after the specified deadline date if applicable.

Check the appropriate fee for:    GAPNA member \_\_\_\_\_ \$295    \_\_\_\_\_ \$345 (LATE application)  
   Nonmember    \_\_\_\_\_ \$395    \_\_\_\_\_ \$445 (LATE application)

Send this application form, a photocopy of your GAPNA membership card (if member), and appropriate fee to:  
GNCC, PO Box 56, Pitman, NJ 08071; OR fax to 856-589-7463

Check payment method:    Check                      Money Order                      Visa                      Master Card

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on card: \_\_\_\_\_ CVC/Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_