



# APN Credentialing Center Renewal Form

APN Certification # \_\_\_\_\_ AP-BC \_\_\_\_\_ AAP-BC \_\_\_\_\_ AC- BC \_\_\_\_\_ Expiration date \_\_\_\_\_

Name \_\_\_\_\_

Full mailing address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

H # \_\_\_\_\_ C # \_\_\_\_\_ Email \_\_\_\_\_

Facility/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

- List CE Information below (**within the past 2 years**) Must be from one of the APN Credentialing Center Topic Areas. **Attach copies** of certificates with topic, presenter, presenter credentials, date, location, length, sponsor, authorized signature **Remember 12 credits must come from attendance and participation in a live face-to-face setting.**
- AP-BC=20 hours Fee\$60
- AAP-BC=30 hours Fee\$70
- AC-BC=40 hours Fee \$80
- Mail to APN Credentialing Center 17840 Weymouth Ave, Parker CO 80134-7775
- Allow 4 weeks for processing

Event (Workshop, conference, in-service, etc.)	Date(s)	# CE Hours	Topic Area	Face -Face

\*You may use another sheet if necessary or the reverse of this page.

**Note:**

**Renewal must be post marked by the expiration date or a \$50 late fee will be added to the renewal fee.**

**Past one year of the renewal date, you must recertify meeting all current standards.**

**Payment Options:** \_\_\_\_\_ Check \_\_\_\_\_ Certified Check \_\_\_\_\_ Money order \_\_\_\_\_ Credit Card \_\_\_\_\_

**Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **3-digit code (on back)** \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **Company** \_\_\_\_\_ **Personal** \_\_\_\_\_

(If your check is returned or denied, an administrative fee of \$50 will be charged.)

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