



NAPNAP 5 Hanover Square, Suite 1401, New York, NY 10004 Phone: 917/746-8300 Fax: 212/785-1713 www.napnap.org

Dear Maureen Egan:

Thank you for applying for NAPNAP CE Accreditation for the following program:

Provider Name	APGNN
Program Title	APGNN Annual Conference 2017
Program Date	11/3-11/4/17
Program Approval Number	A10-17-13
Program Contact Person	Maureen Egan

CE ACCREDITATION

Contact Hours from NAPNAP are approved for this program as follows:

- 14.25 Total Contact Hours
1 Pharmacology (Rx) Hours
Psychopharmacology (psy) Hours

Comments from the CE reviewers for future accreditation application

- Will wait for references after the course concludes.

CERTIFICATE INSTRUCTIONS

1. The Certificate of Attendance template for this program is included with the accreditation packet. The program coordinator will need to complete the missing information and distribute to the participants at the event.
2. Any attendee, whether or not a NAPNAP member, may receive a certificate of attendance that lists contact hours earned.

POST-CONFERENCE MATERIALS

- Within FOUR WEEKS of your program date, please send the following to the NAPNAP National Office (It is preferred that post conference materials be sent electronically:
- ONE Participant Roster of attendees who received contact hours (It is preferred that you send it in excel format please). The participants list should include:
 - Program Title
 - Provider of Program
 - Location of Program

- Date(s) of Program
 - Number of Contact Hours
 - NAPNAP Member Number (if applicable)
 - Name of Participants
 - Participants' mailing address
 - Participants' email address (if applicable)
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- Sample Certificate
 - Evaluation Summary (please do NOT send individual evaluations)
 - All handouts/course materials that were distributed at the program (do not resend the materials already submitted as part of the application process)
 - Any specific documents requested from the reviewers after completion of your program (for example: references, sample disclosures etc.)
 - Recording fees (\$13.00 for each NAPNAP member participant and \$15.00 for each non-NAPNAP member participant)

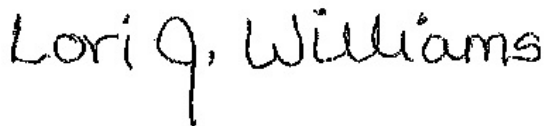
All individual programs must be recorded at NAPNAP. NAPNAP contact hours are not awarded until the required records and the recording fees are submitted.

RECORD STORAGE

For individual programs, NAPNAP is the Agency Provider and will maintain the required records.

Thank you for providing quality continuing education programs for Pediatric Nurse Practitioners. We hope you will apply again for NAPNAP CE Accreditation for future programs. If you have any questions regarding CE Accreditation, please contact NAPNAP at 917-746-8293 or via email at arojas@napnap.org.

Sincerely,



Lori Williams, DNP, RN, RNC-NIC, CCRN, NNP-BC
NAPNAP Education Chair

Note: If you wish to repeat this program for up to one year from the date of the program offering, the repeated program must be identical to the original accredited program, including outline(s), speaker(s), and time frame(s). Upon completion of the repeated program, please send a cover copy of this letter along with the above required documents. If you offer the accredited program with any changes, please contact the NAPNAP National Office for review *prior* to the program date.