



ABPANC Certification Achievement Award

APPLICATION FORM

The ABPANC Certification Achievement Award recognizes that at least 75%, or 100%, of all eligible perianesthesia nurses in a specific department have earned CPAN® and/or CAPA® certification in a given year. The Department is awarded a framed certificate to recognize this outstanding achievement.

This application form must be completed in full and submitted to the ABPANC national office no later than **Feb. 15**. Once eligibility is verified, the individual submitting the application will be notified of the award, which will be announced on Certified Nurses Day (March 19 of the following year).

Recipients of the award are also provided with a sample news release for use in their hospital and community news sources. A congratulatory letter from the ABPANC President will be sent to the hospital CEO and Chief Nursing Officer.

To retain the ABPANC Certification Achievement Award annually, a unit must renew its application and documentation of 75% or 100% certified staff on a yearly basis.

☐ **This application is for 75% Certification Achievement.**

☐ **This application is for 100% Certification Achievement.**

Name of Hospital

Complete Name of Department

Name/Title of CEO

Name/Title of Chief Nursing Officer

Name of Unit Director or Manager

Title

Street Address

City

State

Zip Code

Name of Individual Submitting Application

Title

Business Phone #

E-Mail Address

ABPANC Certification Achievement Award

Total Number of Registered Nurses in the Department _____

Number of Registered Nurses in the Department that do not meet the eligibility requirements for CPAN®/CAPA® Certification _____

Total number of RNs in the Department eligible for CPAN®/CAPA® Certification _____

Number of CPAN® certified Nurses in the Department _____

Number of CAPA® certified Nurses in the Department _____

Please attach a complete listing of the names of all CPAN and/or CAPA certified nurses in your Department.

This application form and required documentation must be submitted electronically no later than **Feb. 15** to: abpanc@cpancapa.org

Please list "ABPANC Certification Achievement Award" in the subject line of your email.

Thank you for your participation in this exciting recognition program! The support for and promotion of CPAN and CAPA certification at both the unit and hospital levels is a reflection of the value placed on quality patient care.

If you have any questions, do not hesitate to contact the ABPANC National Office at abpanc@cpancapa.org.

I, _____, verify that the information submitted in conjunction with this application is true.

☐ 75% of all perianesthesia nurses working in the department listed on this application who are eligible for CPAN® and/or CAPA® certification have been granted certification by ABPANC.

☐ 100% of all perianesthesia nurses working in the department listed on this application who are eligible for CPAN® and/or CAPA® certification have been granted certification by ABPANC.

Name

Date