



# CERTIFICATE OF ATTESTATION OF CONTACT HOURS FOR CPAN / CAPA RECERTIFICATION

This certificate of attestation will be used to verify the work submitted by our CPAN and CAPA recertifying nurses for contact hours required for recertification. This form must be completed for each qualifying project and must be signed by both the recertifying nurse and a supervisor/leader who can attest to the completion of the work by the recertifying nurse. **Please note: Signatures must be original (e.g. not cursive text or attached/copied signature options available with PDF software) or a digitally encrypted signature with a PIV card.**

## GENERAL INFORMATION

<b>Full Legal Name of Certified Nurse</b>	<b>Recertifying Credential (CPAN, CAPA)</b>
<b>Certification Number (listed in Learning Builder profile)</b>	<b>Email or Phone:</b>

## CONTACT HOURS REQUESTED AND CATEGORY OF WORK PERFORMED

**Number of Contact Hours Requested:**

Please specify: \_\_\_\_\_

**Project Description:**

**Category of Work Performed:**

- Academic Courses/Continuing Education
- Authorship Activities
- Facilitation of Quality Care Activities
- Perianesthesia-Related Research Activities
- Teaching/Mentoring Activities
- Volunteer Leadership Activities

I certify that the documentation attached complies with the terms of recertification as stated in ABPANC's Recertification Handbook prepared by the American Board of Perianesthesia Nursing Certification. The work submitted was completed in its entirety by me or I was directly involved in the completion or creation of this work.

<b>Recertifying Nurse Signature (Required)</b>	<b>Print Name</b>	<b>Date</b>
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With my signature below, I attest that the work submitted for CPAN or CAPA recertification was completed in whole or in part by the recertifying nurse submitting this form, and that the work complies with the requirements for CPAN or CAPA recertification as outlined in ABPANC's Recertification Handbook.

<b>Supervisor/Verifier Signature (Required)</b>	<b>Print Name</b>	<b>Date</b>
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*Please complete and upload this form, along with any required supporting documentation, to your Learning Builder learning plan.*

**AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION, INC.**

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