State Board of Nursing
2601 North Third Street
Harrisburg PA 17110

State Board of Nursing
P O BOX 2649
Harrisburg PA 17105-2649

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

VERIFICATION OF ADVANCED PHARMACOLOGY

APPLICANT INFORMATION

NAME:	Last	First	Middle
OTHER NAME(S):			
DATE OF BIRTH:		**LAST 4 DIGITS OF SSN:**	
ADDRESS:			
CITY / STATE / ZIP:			

NP PROGRAM / BOARD-APPROVED ADVANCED PHARMACOLOGY COURSE INFORMATION

NAME OF PROGRAM / PROVIDER:	
CITY / STATE:	
PRINT NAME OF DIRECTOR / PROVIDER:	
DIRECTOR / PROVIDER'S PHONE NUMBER:	
EMAIL ADDRESS OF DIRECTOR / PROVIDER:	

The following information must be completed by the Director of the NP Program or a Board-approved advanced pharmacology course provider and must verify that the applicant successfully completed at least 45 hours / 3 credits of course work in advanced pharmacology and if the course included 4 hours of opioid education. NOTE: If the advanced pharmacology content was incorporated into more than one course, provide all course numbers and completion dates.

I hereby certify that the above-listed applicant has successfully completed at least 45 hours / 3 credits of ADVANCED PHARMACOLOGY as part of the _____ Nurse Practitioner Program.
(Specialty)

This course included 2 hours of education in pain management or the identification of addiction. YES _____ NO _____

This course included 2 hours of education in the practices of prescribing or dispensing of opioids. YES _____ NO _____

Course Number(s):	
Completion Date(s):	

I verify that the above statements are true and correct as validated by my review of the applicant's school records. I verify that the information communicated on this form is true and correct to the best of my knowledge, information and belief. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Original Signature of Program Director / Provider:		DATE:	Month:	Day:	Year:

(School Seal)

MAIL <u>DIRECTLY</u> TO THE STATE BOARD OF NURSING IN AN OFFICIAL SCHOOL ENVELOPE TO P.O. BOX 2649, HARRISBURG, PA 17105-2649.