



# Pediatric Endocrinology Nursing Society

Advancing Endocrine and Diabetes Care

## Pediatric Endocrinology Nursing Society Advanced Practice Portfolio for Recognition as an Advanced Practice Pediatric Endocrine Nurse

January 2017

Note The Handbook and Verification Forms should be downloaded and printed from the PENS<sup>®</sup> website, [www.pens.org](http://www.pens.org). All materials contained in this publication are the property of the PENS<sup>®</sup> and may not be copied unless the purpose of the copies is related to submission of an AP portfolio.

PENS  
4400 College Blvd, Suite 220  
Overland Park, KS 66211

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## **Preface**

### **MISSION STATEMENT**

PENS is committed to promoting the highest standard of consumer care and safety by providing recognition for Advanced Practice in Pediatric Endocrine Nursing. The PENS Advanced Practice Commission grants recognition of competence to an individual who has met predetermined standards as an indication of current proficiency in this specialized area of practice.

### **Advanced Practice Portfolio**

This document was developed by the PENS Advanced Practice (AP) Task Force:

#### **Membership of the PENS Advanced Practice Commission:**

The membership of the PENS Advanced Practice Commission shall include no less than five people. At least one Nurse Practitioner, and one non-advanced practice nurse who holds an advanced degree in nursing at the graduate level. Commission term limits are two years and a member may serve no more than four consecutive years. One person shall be assigned as chair of the commission. Members will be appointed on alternate years.

The members of the inaugural commission (2017) are:

Kevin Lewis, DNP, APRN, PPCNP-BC  
Rebecca Crespi, RN, MSN, CPNP, CDE  
Lisa Davis, MSN, CPNP  
Nicole Kirouac, RN, BN  
Lisa Pincham, MSN, RN  
Mabel Tan, RN, MN

### **About the PENS AP Recognition Program**

Qualified nurses may be recognized as having achieved Advanced Practice Competency in Endocrine Nursing by fulfilling the activity requirements of the Advanced Practice portfolio (AP). Advanced Practice Registered Nurses [Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA), and Certified Nurse Midwife (CNM)] that meet practice requirements can apply for AP recognition via portfolio.

The objectives of the PENS Advanced Practice Recognition Program are to promote excellence in Advanced Practice Pediatric Endocrine Nursing by:

1. Formally recognizing those individuals who meet all the requirements of the PENS Advanced Practice Program.
2. Encouraging continued professional growth in the practice of Pediatric Endocrine Nursing.
3. Establishing and measuring the level of knowledge required for Advanced Practice recognition in Pediatric Endocrine nursing.
4. Providing a standard of knowledge required for recognition, thereby assisting the employer, public, and members of health professions in the assessment of the Advanced Practice Pediatric Endocrine Nurse.

## **About the Advanced Practice (AP) Portfolio Program**

The Advanced Practice (AP) Portfolio Program is a mechanism for demonstrating advanced level knowledge and competency in the practice of Pediatric Endocrine nursing evidenced by completion of:

- Three (3) years full time practice in Pediatric Endocrinology as a APRN
- Graduate level nursing education as a patient care provider (NP, CNS, CNRA, or CNM), and
- Professional activities that contribute to the advancement of the art and science of Pediatric Endocrine Advanced Practice Nursing

PENS has established the Advanced Practice Recognition Program at the request of Advanced Practice Nurses specializing in Pediatric Endocrinology. Activities approved for AP portfolio points go beyond routine, entry-level Pediatric Endocrine nursing practice, and challenge individual applicants to contribute to the art and science of the specialty. The AP portfolio demonstrates the clinician's achievement of Advanced Practice; each packet will be unique and reflect the interests of the individual practitioner. The AP Portfolio Program is to be used for Advanced Practice Recognition only after minimum practice requirements have been satisfied. The Advanced Practice recognition must be renewed every five (5) years via submission of the AP Professional Portfolio.

## **Eligibility Requirements**

To be eligible for the Advanced Practice Recognition by PENS, the applicant must fulfill the following requirements:

1. Hold current APRN license OR advanced practice nursing position
2. Hold a Master's, Post-Master's or Doctorate degree as a NP, CNS, CNRA, or CNM. (A copy of diploma and official APRN transcripts must accompany application.)
3. Work completed to meet eligibility criteria must be completed after achieving APRN status

NOTE: You are advised to keep a copy of your AP recognition application and materials. The PENS AP Commission is not responsible for correspondence lost in the mail. It is advisable to send your application materials by traceable means that require a signature, such as UPS or Federal Express. Please note that certified mail is only traceable when you request and pay for tracking.

Send all materials and direct your inquiries to:

PENS  
Attn: AP Portfolio Program  
4400 College Blvd  
Suite 220  
Overland Park, KS 66211

## AP Portfolio Program Points

There are eight (8) categories of professional growth activities in which you can earn AP portfolio points.

- A. Continuing Education
- B. Program or Projects
- C. Research
- D. Publication
- E. Teaching
- F. Involvement in Professional Organizations
- G. Academic Education/AP Certifications
- H. Projects/Activities not defined

A total of 100 AP points must be earned **during the current five-year recognition period and prior to the application deadline**. If greater than 100 points are submitted in portfolio, the reviewers will accept the first 100 points.

*If you have any questions regarding what is or is not acceptable, please refer to the “AP Portfolio Ask the Commission” section of the [www.PENS.org](http://www.PENS.org) website to see if a similar question was asked by another applicant and answered by a Commission member. If you cannot find a similar question posted, feel free to post your question. A Commission member will respond to your question within one week.*

- Keep accurate and detailed records of your Pediatric Endocrine practice activities that count toward AP points.
- Candidates must have completed any projects or programs they are claiming for portfolio points prior to application submission in order for the points to be approved.
- Your application, point logs and verification forms should be typed or computer generated. Electronic forms are available from the [www.PENS.org](http://www.PENS.org) website.
- Do not submit logs with excess points. The Advance Practice Commission will only review the first 100 points.
- If you have questions – call the PENS National Office (913) 222-8657, or visit the PENS website ([www.PENS.org](http://www.PENS.org)) and submit your question via “AP Portfolio Ask the Commission.”

## Checklist

- ✓ Include the following documents with your completed application:
  - Application form (typed or computer generated)
  - Copy of APRN Certification (if applicable)
  - Copy of your Graduate level diploma and transcripts reflecting completion of APRN program
  - Point Logs (typed or computer generated)
  - Most recent performance evaluation OR peer review letter of recommendation
  - Curriculum Vitae, including current position summary reflective of Advanced Practice duties and responsibilities (typed or computer generated)
- ✓ Complete all necessary Summarization and Verification Forms (typed or computer generated). Be sure to list the required total of 100 AP Portfolio Points. Note the minimal points required and maximum allowed for each category.
- ✓ Make a check payable to PENS. For information concerning recognition fees, see fee schedule on page 9.

Send the completed application and all necessary forms and documentation to:

PENS  
Attn: AP Portfolio Program  
4400 College Blvd  
Suite 220  
Overland Park, KS 66211

## Instructions

### AP Points

There are eight (8) categories of activities in which you can earn AP points.

- A. Continuing Education
- B. Program or Projects
- C. Research
- D. Publication
- E. Teaching
- F. Involvement in Professional Organizations
- G. Academic Education/AP Certifications
- H. Projects/Activities not defined

Each category contains activities which are assigned a specific value in AP points. Each category is assigned a letter and each activity is assigned a number. A total of 100 AP points must be earned during the current five-year recognition period for which you are applying. All submitted activities and projects must be completed prior to application deadline.

Within these 100 points, there is a **minimum requirement that 20 points must first come from CEs which directly relate to Pediatric Endocrinology**. Overall, fifty (50) AP points must directly relate to Pediatric Endocrine nursing. The remaining 50 points do not have to directly relate to pediatric endocrinology, but must reflect professional topics that specifically impact APRN Pediatric Endocrine practice.

Continuing Education (CE) points related to such topics as tuberculosis, domestic violence, employer-mandated activities such as CPR, safety and infection control, etc., would not be acceptable because none of these topics is specific to Pediatric Endocrine Nursing practice. Acceptable topics related to professional issues might include “Pediatric Endocrine Legal Issues,” “Preceptor Workshop,” “Marketing your Business,” “Integrating Technology and Outpatient Billing/Reimbursement,” etc. **Candidates must complete the required CE courses prior to the application deadline.**

Professional Practice is defined as courses or activities that are not clinically related to Pediatric Endocrine but which impact or enhance the role of the Advanced Practice Pediatric Endocrine Nurse.

(See pages 6-7 for additional AP definitions of terms.)

POINTS DISTRIBUTION FOR EACH CATEGORY	Category	Minimum Points Required	Maximum Points Allowed
	A. Continuing Education	20 related to specialty	40
	B. Program or Project	10	40
	C. Research	10	40
	D. Publication	10	50
	E. Teaching	10	50
	F. Professional Orgs.	None	50
	G. Academic Education/AP Certifications	None	50
	H. Projects/Activity Not Defined	None	To be determined by the AP Commission

## Point Logs

The Point Logs are meant to contain an overview of what is included in your entire portfolio, with the total points for the activities submitted in the available categories (A – H). Be sure you list *only the total points* you are including in each category of your portfolio. Do not submit point logs with excess points (over 100), or the packet will be returned. You will notice in the example on the Point Log that for category A-H, CE certification the line has been completed, except for the number of credits you have achieved. You will need to insert the number of CEs you are claiming for your renewal. Fill out a verification form for each activity contained in your portfolio.

### EXAMPLE POINT LOG

Category	Activity	Description	Date(s)	Total Points
A	1	CE Total	2009 – 2012	30
B	3	Establish Team	2010	10
C	2	Grant Written	2009	25
D	3	Reviews	2011 – 2012	15
E	1	Teaching	2010 – 2012	15
G	1	APRN National Certification	2009	25
H		Not Defined		0
<b>TOTAL POINTS</b>				<b>100</b>

### Category A (CEs)

It is important you submit a complete listing of each individual educational session you attend during a conference or program. For example, if you attend PENS' National Conference and earn 18 CEs, you must individually **list each session title** on the Category A Verification Form. Please note, there is a maximum of 40 CEs allowed in Category A. To calculate AP points in this category, refer to the Worksheet/Instructions on page 12.

## Definition of Terms

The following definitions have been developed to explain the meaning of some of the terms used in this handbook. Please review these definitions before you begin filling out the forms. If you have additional questions after you have reviewed the terms, you should go to the PENS website at [www.PENS.org](http://www.PENS.org), click on “AP Portfolio Ask the Commission,” and post your question. Your question will be answered within one week. (“*Ask the Commission*”)

**Anticipatory Guidance:** Information given to a patient prior to a situation so the patient can prepare himself psychologically and develop problem-solving and coping strategies.

**Brochure/Pamphlet:** Summary of information regarding a product or service. *Example:* You develop a tri-fold marketing piece outlining the Pediatric Endocrine Services offered at your hospital.

**Clinical Pathway:** A clinical pathway is intended to be a multidisciplinary patient plan of care. These pathways are disease/condition specific and usually include standing orders, policy and procedures, patient education, ongoing patient assessment criteria, etc. Many times for this process to be developed there are multidisciplinary meetings held to determine what must be in the pathway. Activities in this category require multiple steps for completion.

**Competency Based Tool:** An educational activity that measures the Pediatric Endocrine skills and knowledge of the nursing staff.

*Example:* You develop a Pediatric Endocrine competency test for the nursing staff that consists of a scenario to evaluate a Pediatric Endocrine patient when the patient is in the clinic. The nursing staff then completes a patient evaluation, and documents the results and proposed treatment plan in the patient record.

**Contributing Author:** Name is cited as a contributing author in the published textbook or chapter.

**Forum or Advisory Panel:** Providing a voluntary role as a consultant on various Pediatric Endocrine issues, i.e., Manufacturers advisory panels, new product development/advancing products, reviewing manufacturers literature, etc.

**Grant Activities (non-research based):** Grant applications for activities such as: education programs for your facility, equipment, or other "non-research based activities" which would not go before an IRB. Grant activity that only requires institution approval since the application does not involve human subjects or informed consent.

*Example:* Institution approved grant proposal submitted to a university or company that supports nursing education (such as Lippincott Williams & Wilkins, etc.) to request funding for an educational program at your facility.

**Healthcare Professional Fact Sheet:** Factual clinical information intended for the healthcare professional.

*Example:* You develop a clinical fact sheet for nursing students which shows the difference between type 1 and type 2 diabetes treatment options.

**IRB (Institutional Review Board):** A committee/group that is given the responsibility by an institution to review research projects involving human subjects. The purpose and role of the IRB is to assure the protection and safety, rights and welfare of research participants (human subjects). *Example:* Institution and IRB approved grant proposal submitted to the NIH Institute of Nursing Research to request funding for a research study at your facility.

**Learning Module:** A Pediatric Endocrine course in a written, electronic, or video format. The module must include objectives, learning activities and competency evaluation (post-test, return demonstration, etc.).

*Example:* During RN Orientation, you are asked to complete a written learning course on the Pediatric Endocrine Policies and successfully pass a written test on the subject.

**Multidisciplinary Pediatric Endocrine Service:** Establishing a Pediatric Endocrine practice that includes various disciplines. For example: a team consisting of a Pediatric Endocrine nurse, a physical therapist, a Pediatric Endocrine physician, and a psychologist, etc., who are involved in caring for endocrine patients.

**Patient Education Tool:** Factual information developed and written for patients.

*Example:* You develop a one page handout on “Safely Storing Your Diabetes Medications”

**Professional Practice:** Courses or activities, other than topics clinically related to Pediatric Endocrine, that impact or enhance the role of a Pediatric Endocrine nurse.

*Examples:* “Marketing Your Business,” “Legal Issues,” “Integrating Technology into your Practice,” “Preceptor Workshop,” “Outpatient Billing/Reimbursement,” or any of the professional practice courses offered at the PENS Conference.

**Quality Improvement Project:** An activity in which a problem is identified, solutions to the problem are identified and a corrective program is implemented. After an initial period of utilizing the program, the solutions are reevaluated to identify the results and success of the program. *Example:* Through chart audits you find that low blood sugar re-assessments are not being charted consistently and correctly on patient records. You develop a “Low Blood Sugar Re-assessment Documentation Record” that provides nurses with a guideline after either pharmacological or nutritional interventions. After inservicing the form and using it for three months an audit is performed and shows that correct documentation was found on 90% of the charts.

**Reviewing Textbook, Chapter, Journal Article:** Analyzes content related to Pediatric Endocrine practices.

**Revising an Education Program:** The program must have revisions of content, and updated references of no later than five years.

**Pediatric Endocrine Nursing Service:** Establishing a Pediatric Endocrine nursing practice in which the Pediatric Endocrine nurse is responsible for the Pediatric Endocrine issues within a healthcare setting. *Example:* You take a newly created hospital position as a Pediatric Endocrine nurse. Your responsibilities are to define your Pediatric Endocrine nursing role and responsibilities, establish the hospital's policy and procedures for Pediatric Endocrine.

## Sample Point Distribution

**Acceptable Point Distribution:** The sample application (below) would be acceptable because it meets the minimum requirement of 40 AP points that directly relate to Pediatric Endocrine and total 100 points to complete the portfolio.

Since this point requirement was met, the other activities are acceptable.

Category	Activity	Points Claimed
A (Continuing Ed)	Pediatric Thyroid Disorders	5 Related to Pediatric Endocrine Care
A (Continuing Ed)	Differential Diagnosis of Growth Failure	5 Related to Pediatric Endocrine Care
A (Continuing Ed)	Pharmacological Therapy for Pediatric Diabetes	5 Related to Pediatric Endocrine Care
A (Continuing Ed)	Complementary and Alternative Strategies for Pediatric Endocrine	5 Related to Pediatric Endocrine Care
B3 (Project)	Established Pediatric Endocrine Task Force	5 Related to Pediatric Endocrine Care
C1 (Research)	Develop Study Proposal	25 Related to Pediatric Endocrine Care
D14 (Publication)	Journal: Self-Management Strategies for Type 1 Diabetes	15 Related to Pediatric Endocrine Care
D12 (Publication)	Newsletter Editor for Nursing Association	10 Related to Professional Practice
E-1 (Teaching)	Presentation: Pediatric Endocrine Nursing at State Meeting	4 Related to Pediatric Endocrine Care
E-1 (Teaching)	Presentation: Pediatric Endocrine Management for the APRN	4 Related to Pediatric Endocrine Care
F6 (Professional Org.)	Education Committee Member PENS	2 Related to Professional Practice
G (Academic)	Research and Statistics Course	15 Related to Professional Practice
<b>TOTAL AP POINTS</b>		<b>100 (60 directly related and 40 Professional Practice)</b>

## Unacceptable Point Distribution

In the unacceptable sample below, there are only 28 AP points that directly relate to Pediatric Endocrine, rather than the mandatory 50 points. The professional organization activities and academic course would have been accepted for AP points if the application would have contained a minimum of 50 AP points that directly related to Pediatric Endocrine.

Category	Activity	Points Claimed
A (Continuing Ed)	Pediatric Thyroid Disorders	5 Related to Pediatric Endocrine Care
A (Continuing Ed)	Differential Diagnosis of Growth Failure	5 Related to Pediatric Endocrine Care
A (Continuing Ed)	Creating a Business Plan	10 CEs Related to Professional Practice
A (Continuing Ed)	The Impact of Prospective Payment on Pediatric Care	10 CEs Related to Professional Practice
A (Continuing Ed)	Nursing and Medicaid Billing	10 CEs Related to Professional Practice
B6 (Project)	Quality Improvement Project of Diabetes Care	10 Related to Pediatric Endocrine Care
C4 (Research)	Data Collection and Analysis Role of APRN in Pediatric Endocrine Practice	10 Related to Professional Practice
D12 (Publication)	Newsletter Editor for PENS	10 Related to Professional Practice
E-1 (Teaching)	Presentation: Research Process	4 Related to Professional Practice
E-1 (Teaching)	Presentation: Pediatric Endocrine in Hospitals	8 Related to Pediatric Endocrine Care
F6 (Professional Organization)	Education Committee Member for PENS	2 Related to Professional Practice
G (Academic)	Research and Statistics Course	15 Related to Professional Practice
<b>TOTAL AP POINTS</b>		<b>100 (28 Related to Pediatric Endocrine Care and 72 Professional Practice)</b>

## **Fee and Application Process**

The applicant must submit the following by the postmark deadline:

- Completed application (including point logs and verification forms – typed or computer generated.)
- Fees:
  - Initial AP Recognition \$350 (PENS Members), \$700 (Non-members)
  - RE-AP Recognition Application \$150 (PENS Members), \$300 (Non-members)

You are advised to keep a copy of your application and materials. PENS AP Commission is not responsible for correspondence lost in the mail. It is advisable to send your application materials by traceable means that require a signature such as UPS or Federal Express. NOTE: Certified mail is only traceable when you request and pay for tracking.

Send all AP recognition materials and direct your inquiries to:

PENS  
Attn: AP Portfolio Program  
4400 College Blvd  
Suite 220  
Overland Park, KS 66211

## **Application Review Process**

The entire application review process may take up to 60 days from date of receipt. If you have not received notification within 90 days, please contact the PENS Executive Office. Only completed applications will be reviewed. Applications will be accepted twice a year. Please see website for open application periods. Successful applicants will receive a certificate and may use the title "Advanced Practice Nurse-Pediatric Endocrine Nurse (AP-PEN)."

## Application for Advanced Practice PENS Recognition (AP Portfolio)

Complete this application and submit with:

- Copy of any APRN certifications (if applicable)
- Copy of graduate level diploma and transcripts, verifying completion of APRN program
- Copy of most recent performance evaluation **OR** peer review letter of recommendation
- Curriculum Vitae, including current position summary reflective of Advanced Practice duties and responsibilities
- Check or money order, payable to PENS
- If paying by credit card, please use Credit Card Payment Form (page 34)

### Mail application, payment and materials to:

PENS  
Attn: AP Portfolio Program  
4400 College Blvd  
Suite 220  
Overland Park, KS 66211

Fees: \$350 (PENS Members), \$700 (Non-members)

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail: \_\_\_\_\_

Licensure:  RN State \_\_\_\_\_  APRN State \_\_\_\_\_

Education (check all that apply):

Diploma  Associate  BA  BSN  MSN  DNP  PhD  BS  MS  Other \_\_\_\_\_

Practice Setting (check all that apply):

Acute  Homecare  Outpatient  Extended Care  Industry  
 Private  Education  Administration  Research

Years in nursing: \_\_\_\_\_ Years as Pediatric Endocrine nurse: \_\_\_\_\_

I attest that all statements on this application are true. If statements are found to be false, certification may be suspended or revoked. *(Signature required below)*

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

**AP Portfolio Program Points Log:** Complete the attached point logs to document your 100 AP points for which you are seeking certification, along with the appropriate verification forms for each activity category submitted.

*NOTE: Applicants are not to submit points for additional activities beyond this level. When a packet contains an excess of points, the first 100 points will be reviewed by commissioners.*

## AP PEDIATRIC ENDOCRINE POINT LOG

Name: \_\_\_\_\_

NOTE: All Pediatric Endocrine related activities are to be listed on this point log and submitted along with the appropriate verification forms for each activity. Include the total Pediatric Endocrine related contact hour points on this log, and then use verification form A to list each course title individually.

Category	Activity	Description	Date(s)	Total Point	<input type="checkbox"/> Check here
A	1	<i><b>EXAMPLE:</b> Total CEs (Use verification form A to list CE course titles individually.)</i>	2011	30	
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
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					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
<b>Total AP Points for Pediatric</b>					

(Copy as needed)

## **INSTRUCTIONS/WORKSHEET**

### **ACTIVITY CATEGORY A: CONTINUING EDUCATION**

**A minimum of 20 AP points** must come from CEs, **This minimum requirement of 20 AP points must directly relate to Pediatric Endocrine and the course must be a clinical focus. A maximum of 40 AP points from CEs is allowed.**

When submitting greater than the required 20 AP points; one half of those AP points submitted for CE activity must apply directly to the clinical specialty. For example, if 40 points are submitted, 20 points must relate directly to Pediatric Endocrine clinical practice, and 20 points may be obtained in topics related to professional issues, which are directly related to the practice of Pediatric Endocrine nursing. Examples of professional practice topics would be “Pediatric Endocrine Legal Issues,” “Preceptor Workshop,” and “Marketing Your Business” to name a few. Continuing Education (CE) points related to such topics as domestic violence, safety, HIPPA, CPR, etc., are not acceptable because they are not specific to Pediatric Endocrine practice. CEs used to attain/maintain prescriptive authority do not apply here (see Category G).

When claiming continuing education points for this category, the specific course title must be specified. Packets submitted with a general conference title will not be accepted. For example, listing the “PENS National Conference” is unacceptable. Each lecture attended must be listed separately to determine relevancy to the specialty, e.g. “Pharmacologic Agents for Pediatric Diabetes,” “Thyroid Treatment in Pediatrics,” or “Self-Care in Type 1 Diabetes in Children.”

#### **ACCEPTABLE ACTIVITIES**

1. Attendance at continuing education programs offered/sponsored by accredited or approved providers. Programs must be approved for contact hours by a recognized accrediting body, such as a state nursing association, the American Nurses Credentialing Center, American Academy of Nurse Practitioners, or other professional association.
2. Completion of home study or self-study programs that have been approved for contact hours as stated in number one, above.

**Contact Hour (CME or CNE) = 60 minutes = 1 AP Point**

#### **DOCUMENTATION REQUIRED IF AUDITED**

The PENS AP Commission reserves the right to selectively audit portfolios and request documentation of programs attended, CE’s awarded, or educational offerings provided by the applicant.

1. Certificate of attendance or completion that includes your name, date, program title, and the number of contact hours awarded.

– Or –

2. Complete the audit form for this activity.  
A maximum of 40 AP points per specialty will be awarded for this category for each five-year recognition renewal period.

**VERIFICATION FORM  
CATEGORY A  
CONTINUING EDUCATION ACTIVITY**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_|\_\_\_\_\_

Points Assigned: \_\_\_\_\_|\_\_\_\_\_

Category: \_\_\_\_\_|\_\_\_\_\_

Date: \_\_\_\_\_|\_\_\_\_\_

Name: \_\_\_\_\_

1. Minimum of 20 AP points **directly related** to Pediatric Endocrine nursing required.  
Maximum of 40 AP points.
2. Point calculation: 1 AP point for each CE or contact hour.
3. List individual educational session/course titles separately. Do not list as “conference” with the total CEs. (Total CEs are to be provided on Point Log.)

Program Date(s)	Title of Session/Course	Session/Course Provider	Approved Accrediting Organization	Hours or points	Specify if points are Professional Practice or Pediatric Endocrine related	
6/2012	<b>Example:</b> Cases in Endocrine Care	PENS	PENS	3		PE
8/2011	<b>Example:</b> Management of Thyroid disorders in children	PENS	Ohio Nurses Association	3		PE
9/2010	<b>Example:</b> Creating a Business Plan	SB University	NYS Nursing Association	5	PP	
<b>Total AP Points</b> <i>(Transfer this total to Point Log)</i>						

**INSTRUCTIONS/WORKSHEET  
ACTIVITY CATEGORY B:PROGRAM OR PROJECT ACTIVITIES**

A minimum of 10 points are required from Category B and must be included in your portfolio. A maximum of 40 points are allowed. Activities in this category more clearly demonstrate the achievement of advancing practice and include more complex activities requiring multiple steps for completion and/or significant preparation. This is reflected in the larger number of points assigned to these activities. Some of these activities may be performed due to employer directives but some are independent of employment status. To receive points in this category, you must have had the primary responsibility for developing, implementing and evaluating the program, conducting the project, or case.

You may be awarded points for activities submitted that are repeated, but only if the topic content clearly has been altered to meet the needs of the learner.

Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities.

<b>Acceptable Activities .....</b>	<b>AP Points Awarded</b>
<b>B1. Establishing a Pediatric Endocrine nursing service*</b>	
Writing a proposal .....	10 points
Developing initial policies and procedures++.....	10 points
Developing a billing procedure .....	10 points
<b>B2. Establishing a Pediatric Endocrine multidisciplinary* service</b>	
Writing a proposal .....	10 points
Developing initial policies and procedures ++.....	10 points
Developing a billing procedure .....	10 points
<b>B3. Team/Committee/Task Force focused on Pediatric Endocrine</b>	
Establish .....	5 points
Chair .....	5 points
Member .....	2 points
<b>B4. Establishing an independent (self-employed) Pediatric Endocrine practice or consulting business</b>	
.....	25 points per recognition period

*\*Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities. ++Can be applied as research activities*

**INSTRUCTIONS/WORKSHEET  
ACTIVITY CATEGORY B:PROGRAM OR PROJECT ACTIVITIES**

**Acceptable Activities .....AP Points Awarded**

**B5. Public health policy development ++ .....20 points**

Please summarize your Public Policy project by answering the following questions on the verification form:

- A. What was the clinical challenge?
- B. How was the challenge identified?
- C. What actions were implemented to address the project?
- D. Describe the evaluation process.
- E. What were the results of the project?

**B6. Quality improvement (QI) project\* ++ .....10 points**

Please summarize your QI project by answering the following questions on the Verification Form:

- A. What was the clinical challenge?
- B. How was the challenge identified?
- C. What actions were implemented to address the project?
- D. Describe the evaluation process.
- E. What were the results of the project?

**B7. Clinical Pathway development \* ++.....20 points**

**B8. Policy/procedures in existing practice ++**

- Develop original.....5 points per policy (maximum 15 points)
- Revising existing .....3 points per policy (maximum 9 points)

*\*Please refer to "Definitions of AP Terms" on pages 6-7 for complete description and examples of activities. ++ Can be applied as research activities*

**INSTRUCTIONS/WORKSHEET  
ACTIVITY CATEGORY B:PROGRAM OR PROJECT ACTIVITIES**

**Acceptable Activities .....AP Points Awarded**

- B9. Competency based tools\*
  - Original.....5 points (maximum 15 points)
  - Revised .....3 points (maximum 9 points)
- B10. Collection and analysis of outcome data or case study data ++ .....10 points  
(Derived from clinical practice and not part of a formal research project)
- B11. Grant Activities\* (non-research based) .....10 points  
(e.g., grant money for educational development; or to obtain equipment)
- B12. Prevalence and/or Incidence Study.....5 per study (maximum 10 points)
- B13. Expert consultation on a legal case related to Pediatric Endocrine patient .....10 points per case
- B14. Item writing for a certification exam .....10 points for term of service
- B15. Arranging a Product Fair .....5 points
- B16. Product Formulary ++
  - Developing .....10 points
  - Revising.....5 points
- B17. Webmaster (electronic information systems related to Pediatric Endocrine nursing)
  - Develop .....10 points per website  
(maximum 20 points per cert.)
- B18. Standardized Care Plans ++.....5 points (maximum 15 points)

*\*Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities. ++Can be applied as research activities*

**Documentation Required**

- #B1-10, B12 and B15-18: Submit documentation to substantiate the activity.
- #B11: Copy of letter of approval (IRB or equivalent)
- #B13: Present a letter from the law firm for whom the consultation was performed.
- #B14: Letter from the Exam Committee Liaison at end of term.

**VERIFICATION FORM  
CATEGORY B  
PROGRAM / PROJECT ACTIVITIES**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_|\_\_\_\_\_

Points Assigned: \_\_\_\_\_|\_\_\_\_\_

Category: \_\_\_\_\_|\_\_\_\_\_

Date: \_\_\_\_\_|\_\_\_\_\_

Name: \_\_\_\_\_

A minimum of 10 points are required from Category B and must be included in your portfolio. A maximum of 40 points are allowed.

Check one activity number:  B1  B2  B3  B4  B5  B6  B7  B8  B9  B10

(From pages 14-16)

B11  B12  B13  B14  B15  B16  B17  B18

Complete this form for **each program or project**.

1. Title

2. Date activity completed: \_\_\_\_\_

3. Summarize purpose and/or assessment of need for program, project, or case as it relates to pediatric endocrinology.

4. Provide an overview of the implementation of program / project as it relates to pediatric endocrinology.

5. Evaluation of program / project (implications for clinical practice) as it relates to pediatric endocrinology.

6. For activity B-6, please summarize your QI project by answering these additional questions on the verification form:

A. What was the clinical challenge?

B. How was the challenge identified?

C. What actions were implemented to address the project?

D. Describe the evaluation process.

E. What were the results of the project?

**AP Points claimed for this activity: \_\_\_\_\_**  
*(Transfer this total to Point Log)*

# INSTRUCTIONS/WORKSHEET

## CATEGORY C: RESEARCH ACTIVITIES

A minimum of 10 points are required from Category C and must be included in your portfolio. A maximum of 40 points are allowed.

The Pediatric Endocrine-AP carries with it an understanding that the APRN in specialty practice can demonstrate knowledge application evidenced by an ability to translate research into their practice, improve current practice and outcomes based upon evidence and if the opportunity presents itself, participate in research related activities as either a primary investigator or secondary participant. Thus it is a requirement of the Pediatric Endocrine-AP Portfolio to demonstrate such activity in one of two ways. To earn the required 10 points to apply as research points, the activity must show evidence of the participation in or application of research that improves current practice and/or patient outcomes.

### **Participation In Research**

- I. To receive AP points in Category C, you must have served as the principal or co-investigator, author or co-author of a study proposal/grant, or had the primary responsibility for a research activity such as collecting/analyzing data. Research activities must relate to the care of the Pediatric Endocrine patient and must be Institutional Review Board (IRB) approved or equivalent.

### **Acceptable Activity.....AP Points Awarded**

C1.Developing a study proposal.....	25 points
C2.Grant writing.....	25 points
C3.Developing or testing of a research tool.....	20 points
C4.Data collection and analysis.....	10 points
C5.Writing a report of research finding(s) .....	10 points

### **Documentation Required**

- A copy of the study proposal.
- A copy of grant application.
- A copy of the research tool.
- Submit documentation to substantiate the activity.
- A copy of the research report.

# INSTRUCTIONS/WORKSHEET

## CATEGORY C: RESEARCH ACTIVITIES

### Application of Research

II. To receive the required AP research points, a candidate must complete one of the following activities from Category B or D. Please note that you must have unique activities in each of the categories (B, C and D). It is expected these activities would include a thorough literature review and reflect translation of research into practice. Refer to Category B or D for details, including documentation required if audited.

### Acceptable Activity.....AP Points Awarded

- (C) B1. Establishing a pediatric advanced practice nursing service: Developing initial policies and procedures .....10 points
- (C) B2. Establishing a Pediatric Endocrine multidisciplinary service: Developing initial policies and procedures .....10 points
- (C) B5. Public health policy development .....20 points
- (C) B6. Quality improvement (QI) project\* .....10 points
- (C) B7. Clinical Pathway development \* .....20 points
- (C) B8. Policy/procedures in existing practice
  - Develop original.....5 points per policy (maximum 15 points)
  - Revising existing .....3 points per policy (maximum 9 points)
- (C) B10. Collection and analysis of outcome data or case study data ..... 10 per specialty (Derived from clinical practice and not part of a formal research project.)
- (C) B16. Product Formulary
  - Developing .....10 points per specialty
  - Revising.....5 points
- (C) B18. Standardized Care Plans .....5 points (maximum 15 per specialty)
- (C) D1. Textbook: Author or co-author .....30 points
- (C) D2. Chapter: Author or co-author .....20 points
- (C) D3. Peer-reviewed Journal Article: Author or co-author .....15 points
- (C) D4. Case Study: Author or co-author .....5 points (maximum 10 per specialty)

*\*Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities.*

**VERIFICATION FORM  
CATEGORY C:  
RESEARCH ACTIVITIES**

<b>FOR OFFICE USE ONLY:</b>	
AP Reviewed:	_____ _____
Points Assigned:	__ _____
Category:	_____ _____
Date:	_____ _____

Complete this form for **each activity** from Category (C) B.  
(From page 19)

Name: \_\_\_\_\_

A minimum of 10 points are required from Category C and must be included in your portfolio. A  
maximum of 40 points are allowed.

Check an activity number:  (C) B1  (C) B2  (C) B5  (C) B6  (C) B7  
 (C) B8  (C) B10  (C) B16  (C) B18

Complete this form for **each program or project** from Category (C) B. You may not count a single activity for both of these categories. For example, if you use a publication for B, you must have a different publication or activity under research.

1. Date activity completed: \_\_\_\_\_
2. Describe the purpose for the program or project, as it relates to AP specialty area.
3. Summarize the results of the review of literature that supported the project. Supply a reference list.
4. Provide an overview of the implementation of program / project as it relates to AP specialty area.
5. Describe how the project improved practice or patient outcomes.

**AP Points claimed for this activity:** \_\_\_\_\_  
*(Transfer this total to Point Log)*

**VERIFICATION FORM  
CATEGORY C:  
RESEARCH ACTIVITIES**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_|\_\_\_\_\_

Points Assigned: \_\_\_\_\_|\_\_\_\_\_

Category: \_\_\_\_\_|\_\_\_\_\_

Date: \_\_\_\_\_|\_\_\_\_\_

Complete this form for **each activity** from Category (C) D.  
(From page 19)

Name: \_\_\_\_\_

A minimum of 10 points are required from Category C and must be included in your portfolio. A maximum of 40 points are allowed.

Check an activity number:  (C) D1  (C) D2  (C) D3  (C) D4

EXAMPLE	FILL IN YOUR ACTIVITY DESCRIPTION HERE
<b>Date of Publication</b>	January 2012
<b>Title of Work / Publication</b>	Example: Promoting Self-Care in Children with Diabetes
<b>Synopsis of Material</b>	Article written that presents current evidenced based self-care of diabetes in children.
<b>Type of Work (Book, Chapter, Journal)</b>	Peer Reviewed Journal Article
<b>Published In</b>	Pediatric Nursing
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Provide clinicians with research based evidence to increase access strategies for self-care in diabetes in children</li> <li>• Review available technologically enhanced tools for self-care</li> </ul>
<b>Content Outline</b>	<ul style="list-style-type: none"> <li>• Importance of self-care</li> <li>• Barriers to endocrine self-care</li> <li>• Strategies to increase self-care of diabetes</li> <li>• Technological advances for self-management strategies for diabetes care</li> </ul>
<b>AP POINTS CLAIMED FOR THIS ACTIVITY</b> _____	
<i>(Transfer this total to Point Log)</i>	

(Copy as needed)

**VERIFICATION FORM  
CATEGORY C:  
RESEARCH ACTIVITIES**

<b>FOR OFFICE USE ONLY:</b>	
AP Reviewed:	_____   _____
Points Assigned:	__   _____
Category:	_____   _____
Date:	_____   _____

Name: \_\_\_\_\_

A minimum of 10 points are required from Category C (from page 18) and must be included in your portfolio. A maximum of 40 points are allowed.

Check an activity number:    C1   C2   C3   C4   C5

Date activity completed: \_\_\_\_\_

1. Define role in research activity:

2. Describe the research activity:

**AP Points claimed for this activity: \_\_\_\_\_**  
*(Transfer this total to Point Log)*

# INSTRUCTIONS/WORKSHEET

## CATEGORY D: PUBLICATION ACTIVITIES

A minimum of 10 points are required from Category D and must be included in your portfolio. A maximum of 50 points are allowed. You must be the author or co-author or contributor of these activities, and have completed them during your last five-year period. All publications must relate to the practice of Pediatric Endocrine nursing.

**Acceptable Activities .....AP Points Awarded**

**D1. TEXTBOOK**

- A. Author or co-author ++..... 30 points
- B. Editing..... 25 points
- C. Reviewing\* content..... 15 points

**D2. CHAPTER**

- A. Author or co-author ++..... 20 points
- B. Contributing\*..... 10 points
- C. Reviewing\*..... 15 points

**D3. JOURNAL ARTICLE**

- A. Author or co-author ++..... 15 points
- B. Reviewing (Peer Reviewed)..... 5 points

**D4. CASE STUDY Author or co-author ++..... 5 points (maximum 10 per specialty)**

**D5. ABSTRACT Author or co-author..... 5 points**

**D6. EDITORIAL Author or co-author..... 3 points**

**D7. NEWSLETTER**

- A. Editor..... 10 points
- B. Contributor\* of article..... 3 points

**D8. OTHER PUBLICATIONS**

(e.g., newspaper article, Best Practice Document reviewer) ..... 3 points

**INSTRUCTIONS/WORKSHEET**  
**CATEGORY D: PUBLICATION ACTIVITIES**

DEVELOPMENT OF ORIGINAL EDUCATION TOOLS

- D9. Developing a healthcare professional fact sheet \*.....5 points (maximum 10 points)
- D10. Develop patient education tool\*.....5 points (maximum 10 points)
- D11. Develop original learning module\*..... 10 points
- D12. Writing brochure / pamphlet \*..... 5 points (maximum 10 points)
- D13. Create Pediatric Endocrine Documentation Form (*Electronic or paper forms created to chart endocrine patients progress*)  
Original..... 5 points (maximum 15 per cert period)  
Revise ..... 3 points (maximum 9 per cert period)

*\*Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities. ++Can be applied as Research Activities*

**Documentation Required**

1. Submit documentation to substantiate the activity:
  - a. A copy of short publications (e.g., journal article, book chapter, fact sheet, brochure, etc.).
  - b. For longer publications (e.g., textbook) – a copy of the title page, page showing date of publication, and table of contents page where the certificant’s name is listed as an author.

**VERIFICATION  
FORM CATEGORY D  
PUBLICATION  
ACTIVITY**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_|\_\_\_\_\_

Points Assigned: \_\_\_|\_\_\_\_\_

Category: \_\_\_\_\_|\_\_\_\_\_

Date: \_\_\_\_\_|\_\_\_\_\_

Name: \_\_\_\_\_

A minimum of 10 points are required from Category D and must be included in your portfolio. A maximum of 50 points are allowed.

Activity Area: D1 D2 D3 D4 D5 D6 D7

D8 D9 D10 D11 D12 D13

Complete a separate form for **each** activity/publication.

EXAMPLE	FILL IN YOUR ACTIVITY DESCRIPTION
<b>Date of Publication</b>	January 2013
<b>Title of Work/Publication</b>	Example: Journal article: Vitamin D Deficiency in Children
<b>Synopsis of Material</b>	Article written that presents current evidenced based interventions to prevent and treat vitamin D deficiency in children.
<b>Type of Work (Book, Chapter, Journal)</b>	Peer Reviewed Article
<b>Published In</b>	Pediatric Nursing
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Accurately diagnose vitamin D deficiency</li> <li>• Discuss effective strategies to treat vitamin D deficiency</li> <li>• Devise an effective treatment plan monitoring treatment</li> </ul>
<b>Content Outline</b>	<ul style="list-style-type: none"> <li>• Prevalence and incidence of Vitamin D deficiency</li> <li>• Diagnosis of Vitamin D deficiency</li> <li>• Prevention strategies</li> <li>• Treatment strategies</li> <li>• Effective diet and pharmacologic treatment</li> </ul>
<b>POINTS CLAIMED FOR THIS ACTIVITY</b> _____ <i>(Transfer this total to Point Log)</i>	

# INSTRUCTIONS/WORKSHEET

## CATEGORY E: TEACHING ACTIVITIES

A minimum of 10 points are required from Category E and must be included in your portfolio. A maximum of 50 points are allowed.

To receive AP points, teaching activities must occur in the classroom, clinical area or a combination of these settings. You must be the instructor with a structured framework of teaching/learning. You will not receive additional AP points for repeating presentations/lectures, etc., unless the content clearly has been altered.

### Acceptable Activity .....AP Points Awarded

- E1. Presentations/lectures .....1 point per 15 minutes of presentation
- E2. Professional conference presentation/lecture/workshop.....5 points for each CEU offering
- E3. Primary author of conference poster presentation .....5 points
- E4. Preceptor for Pediatric Endocrine, DNP students, or AP nursing students.....1 point for every 8 hours of Precepting (maximum 30 points per application period)
- E5. Clinical education of nursing/medical professionals .....1 point for every 8 hours of time (i.e., mentoring, orientation, job shadowing for residents, interns, physicians, PT, NP, CNS, PA)
- E6. Expert consultation at a medical event .....1 point (maximum 3 points) (i.e., health fair, screening clinic, supplier clinic, product fair)

Preceptees may include:

- Resident/Interns/Physicians
- Physical Therapists
- Physician's Assistants
- Pediatric Endocrine Nurses
- Graduate/Doctoral Nursing Students
- Nurse Practitioners/Clinical Nurse Specialists

### Documentation if audited

Submit documentation to substantiate teaching activity.

### Examples:

- Presentation or lecture – completed sign-in sheet, brochure or letter of agreement.
- Poster presentation – proof of acceptance of the poster.
- Precepting – letter of agreement or written validation of precepting experience.

**VERIFICATION FORM  
CATEGORY E-1, E-2 AND E-6 TEACHING ACTIVITIES  
(PRESENTATIONS / LECTURES)**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_|\_\_\_\_\_

Points Assigned: \_\_\_\_\_|\_\_\_\_\_

Category: \_\_\_\_\_|\_\_\_\_\_

Date: \_\_\_\_\_|\_\_\_\_\_

Name: \_\_\_\_\_

A minimum of 10 points are required from Category E and must be included in your portfolio. A maximum of 50 points are allowed.

Check Activity Number     E1    E2    E6

Complete a separate form for **each** teaching activity.

Title: \_\_\_\_\_

Date Offered: \_\_\_\_\_

Objectives (list 3):

Summary of Teaching Content:

Evaluation Method:

Length of offering (in minutes): \_\_\_\_\_ divided by 15 = \_\_\_\_\_ AP Points

Number of contact hours offered: \_\_\_\_\_ multiplied by 10 = \_\_\_\_\_ AP Points

**AP POINTS CLAIMED FOR THIS ACTIVITY** \_\_\_\_\_

*(Transfer this total to Point Log)*

(Copy as needed)

**VERIFICATION FORM  
CATEGORY E-3  
POSTER PRESENTATIONS**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_| \_\_\_\_\_

Points Assigned: \_\_\_\_\_| \_\_\_\_\_

Category: \_\_\_\_\_| \_\_\_\_\_

Date: \_\_\_\_\_| \_\_\_\_\_

Name: \_\_\_\_\_

A minimum of 10 points are required from Category E and must be included in your portfolio. A maximum of 50 points are allowed.

Complete a separate form for **each** poster presentation.

Title of poster presentation: \_\_\_\_\_

Where presented: \_\_\_\_\_

When presented: \_\_\_\_\_

**AP POINTS CLAIMED FOR THIS ACTIVITY** \_\_\_\_\_  
*(Transfer this total to Point Log)*

(Copy as needed)

**VERIFICATION FORM  
CATEGORY E-4 and E-5  
PRECEPTING ACTIVITIES**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_|\_\_\_\_\_

Points Assigned: \_\_\_\_\_|\_\_\_\_\_

Category: \_\_\_\_\_|\_\_\_\_\_

Date: \_\_\_\_\_|\_\_\_\_\_

Name: \_\_\_\_\_

A minimum of 10 points are required from Category E and must be included in your portfolio. A maximum of 50 points are allowed.

Check activity number:  E4  E5

Complete a separate form for **each** precepting activity.

I affirm that I have served as a preceptor for:

\_\_\_\_\_  
(Institution Name)

Number of students: \_\_\_\_\_

Type of student: \_\_\_\_\_

Total hours: \_\_\_\_\_ divided by 8 = \_\_\_\_\_ Total AP Points (DNP, or AP students)

Or,

Total hours: \_\_\_\_\_ divided by 8 = \_\_\_\_\_ Total AP Points (other nursing/medical professionals)

**AP POINTS CLAIMED FOR THIS ACTIVITY** \_\_\_\_\_

*(Transfer this total to Point Log)*

(Copy as needed)

**VERIFICATION FORM  
CATEGORY E-4 and E-5  
Preceptor Documentation**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_|\_\_\_\_\_

Points Assigned: \_\_\_\_\_|\_\_\_\_\_

Category: \_\_\_\_\_|\_\_\_\_\_

Date: \_\_\_\_\_|\_\_\_\_\_

Preceptor: \_\_\_\_\_

Institution: \_\_\_\_\_

To be completed by faculty coordinating the preceptorship.

The individual named above has completed \_\_\_\_\_ hours of preceptorship in the areas of:

\_\_\_\_\_  
Name of educational institution and program (E.g. XX University, Pediatric Endocrine Program)

The dates for the preceptorship were: \_\_\_\_\_ to: \_\_\_\_\_

Faculty Coordinator: \_\_\_\_\_

Educational Institution/Program: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AP POINTS CLAIMED FOR THIS ACTIVITY \_\_\_\_\_**  
*(Transfer this total to Point Log)*

(Copy as needed)

**VERIFICATION FORM  
CATEGORY F  
PROFESSIONAL ORGANIZATION  
INVOLVEMENT**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_|\_\_\_\_\_

Points Assigned: \_\_\_\_\_|\_\_\_\_\_

Category: \_\_\_\_\_|\_\_\_\_\_

Date: \_\_\_\_\_|\_\_\_\_\_

Name: \_\_\_\_\_

No minimum number of points required for this category; maximum of 50 points allowed.

Acceptable Activity	Name of Office, Task Force, Committee, or Organization	# of Years Serve	Points per Year	Total Points
<b>Professional Nursing Organizations</b>				
F1. Officer at a national level			20	
F2. Committee or task force chair at a national level			15	
F3. Officer at the regional/ state level			7	
F4. Officer at the affiliate/ local level			5	
F5. Committee member at the national level			5	
F6. Committee or task force chair at the regional/ state/affiliate/local level			2	
F7. Committee member at the regional/state/ affiliate/local level			2	
<b>Total AP Points</b> <i>(Transfer this total to Point Log)</i>				

Participating in national/regional/state/affiliate and local professional nursing organizations related to the Pediatric Endocrine specialty provides a mechanism for contributing to growth of the specialty and is designated for AP points. Participation in other nursing specialty organizations whose mission is directly related to the care and/or support of Pediatric Endocrine patients is also acceptable for AP points. Examples of these acceptable organizations are the Pediatric Endocrinology Nursing Society (PENS), Pediatric Endocrine Society (PES), American Diabetes Association (ADA), and other international societies may be approved on a case by case basis. AP Points are awarded for each year of office served and can be used for AP points only in the specialty for which the organization is noted. Serving on institutional or agency committees is not acceptable for earning AP points.

Public health policy activities may involve representation of professional organizations at the national, regional or state level, e.g. participation in consensus groups meetings, testimony for regulatory bodies, and development of documents related to public health policy decisions (copy as needed).

**VERIFICATION FORM  
CATEGORY G  
ACADEMIC EDUCATION / AP CERTIFICATION**

Name: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
AP Reviewed:	_____   _____
Points Assigned:	__   _____
Category:	_____   _____
Date:	_____   _____

No minimum number of points required for this category; maximum of 50 points allowed.

**Acceptable Activity .....AP Points Awarded**

- G1.Initial APRN National Certification .....25 Points
- G2.Maintaining APRN National Certification .....25 Points
- G3.Attaining/Maintaining Prescriptive Authority.....5 points
- G4.Academic Education.....5 points for each semester credit hour earned

*Post-graduate credits must be from an accredited college or university. Credits must relate to nursing, or be credits related to health care, management, teaching or the biopsychosocial knowledge base of human services.*

**Examples of acceptable courses:**

Advanced Physical Assessment, Advanced Pharmacology, Advanced Anatomy and Physiology Business, Ethics, Education classes (e.g. Adult Learning Theory), Health Care Management.

Activity Number	School or Activity	Date	Semester / Quarter	Credit Hours	Points
<b>Total AP Points</b> <i>(Transfer this total to Point Log)</i>					

**Documentation required**

- Submission of transcripts

**INSTRUCTIONS/WORKSHEET  
CATEGORY H: PRE-APPROVAL FOR PROJECTS/ACTIVITIES NOT DEFINED**

**Instructions:**

Projects and activities not defined in the Professional Growth Program (AP) Handbook must be submitted to the AP Commission for pre-approval. The request for pre-approval may be sent any time within the certification period, but must be at least one (1) month prior to AP application deadline. The PENS AP Commission will review the request for pre-approval and make a decision of acceptability. It is required you use this pre-approval form to summarize the project or activity. Other documentation is not acceptable.

<b>FOR OFFICE USE ONLY:</b>
AP Reviewed: _____ _____
Points Assigned: _____ _____
Category: _____ _____
Date: _____ _____

**VERIFICATION  
CATEGORY H  
PRE-APPROVAL FOR PROJECTS / ACTIVITIES NOT DEFINED**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Category: \_\_\_\_\_

Complete this form for each project or activity.

1. Date activity completed: \_\_\_\_\_
2. Summarize activity as it relates to specialty area.
3. Provide an overview of the implementation of program / project as it relates to specialty area.
4. Evaluation of program/project (implications for clinical practice) as it relates to specialty area.

**AP POINTS CLAIMED FOR THIS ACTIVITY \_\_\_\_\_**  
*(Transfer this total to Point Log)*

## Advanced Practice Portfolio Credit Card Payment Form

***Credit card payments must be submitted either by fax, or mailed in. Credit card payments cannot be accepted electronically. (Do not email)***

Fees:

Initial AP Recognition:

\$350 (PENS Members)

\$700 (Non-members)

RE-AP Recognition Application:

\$150 (PENS Members)

\$300 (Non-members)

If payment is by credit card, complete the following:

American Express  Discover  MasterCard  Visa

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Your Name as it appears on card: \_\_\_\_\_

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