

**Advanced Practice Registered Nurse**

**Attestation Form**

**Completion of Transition to Practice Requirement**

\* Fill out and submit one form for each certification you hold. On each form, indicate that you have practiced the required number of hours to fulfill the transition to practice requirement (2400 hours and two years for primary credential; 1600 hours and 1 year for secondary credential.)

Do not fill out this form if you have not met the transition to practice requirement.

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_

License #: \_\_\_\_\_

Certification: \_\_\_\_\_

(eg: FNP, ANP, PNP, CNM, CRNA, GNP, ACNP

PMHNP (family, adult, child/adolescent);

Psychiatric CNS (family, adult. child/ adolescent)

Date certification first issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Certification Association \_\_\_\_\_  
(month / year)

Total Number of collaborative practice hours completed: \_\_\_\_\_

Dates of practice that led to completion of transition to practice hours:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Statement of Applicant**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Signature of Applicant	Date

Send completed form to:

Vermont Board of Nursing  
Office of Professional Regulation  
89 Main Street, 3<sup>rd</sup> Floor  
Montpelier, VT 05620-3402