

Neonatal Resuscitation Program (NRP)
American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098

You must present this certificate to your NRP Regional Trainer in order to participate in an NRP Hospital-based Instructor and/or Regional Trainer course.

Temporary ID Number _____

The American Academy of Pediatrics certifies that

Name (First/MI/Last/Degree)

successfully completed the NRP Instructor DVD on _____.
(date)

The American Academy of Pediatrics is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. This activity was designated for 4 *AMA PRA Category 1 Credit(s)*[™].

This program is approved by the National Association of Pediatric Nurse Practitioners (NAPNAP) for 4 NAPNAP Contact Hours of which 0 are pharmacology (Rx) content, 0 related to psychopharmacology, and 0 related to controlled substances. The AAP is designated as Agency #A17. Upon completion of the program, each participant desiring NAPNAP contact hours should send a completed certificate of attendance, along with the required recording fee (\$13 for NAPNAP members, \$15 for nonmembers), to the NAPNAP National Office at 5 Hanover Square, Suite 1401, New York, NY 10004.

The American Academy of Physician Assistants accepts *AMA PRA Category 1 Credit(s)*[™] from organizations accredited by the ACCME.

This activity will provide 4.0 contact hours for nurses.

This continuing nursing education activity was approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. ONA approval valid through 1/30/2017. Assigned ONA #17826.

This program has been approved for 4.0 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063. Course #143522000.

This continuing education activity is approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). CECBEMS AAP Provider Number = PAAOP4300.

Please keep a copy for your records.

Mailing Address: _____

City/State/Zip/Country: _____

Signature: _____

Email Address: _____

Note: This *is not* an NRP Course Completion Certificate. You must present this certificate to your NRP Regional Trainer in order to participate in an NRP Hospital-based and/or Regional Trainer course.

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