**If you have not registered for the exam by the expiration date, your contract will expire and you will need to submit a new contract**.

**Do not complete this contract if you are not ready to register for your exam.**

**Nurses who “no-show”** (miss a scheduled appointment to take their exam) are considered unexcused instances and **will be charged the cost of the exam** **and be required to self-pay all future fees.**

View PNCB-provided certifications:

<https://pncb.org/certifications>

CPPN does not administer any PNCB exam or their website. All inquiries concerning an exam should be directed to PNCB.

**Expiration Date of Contract:**

**July 1, 2024**

**PNCB No Pass, No Pay®**

**Program Employee Contract**

This Contract for the Pediatric Nursing Certification Board (PNCB) No Pass, No Pay® Program is made between the person listed below, hereafter referred to as “Nurse”, and UC Davis Health, Center for Professional Practice of Nursing, hereafter referred to as “CPPN”, is for participation in the PNCB No Pass, No Pay® Certification Program.

**READ ENTIRE CONTRACT before signing**

**Personal Information:**

***Information is required – missing information will stall CPPN confirming your participation in the program.***

First Name: Click here to enter text.

Last Name: Click here to enter text.

Employee ID #: Click here to enter text.

Title: Click here to enter text.

Department Name: Click here to enter text.

Work Phone Number: Click here to enter text.

Personal Phone Number: Click here to enter text.

Work E-mail address:Click here to enter text.

**Permanent (Home) Mailing Address:**

Street: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.

Zip: Click here to enter text.

Certification Exam Applying for (CPN exam only): *CPN*

***This program does not cover any other certifying body or exam such as ANCC, ONCC, ONCB, AAACN – CCRN, etc.***

Email form to HS-CPPN@ucdavis.edu or bring in person to 4900 Broadway, Suite 1630.

**Contract Agreement – Responsibilities of the Parties – *Read carefully***

**The nurse agrees to:**

1. Enroll as an applicant for a Pediatric Nursing Certification Board (PNCB) certification exam, using the unique ID code provided by CPPN, during the period of this Contract, hereafter referred to as “Contract Period.”
2. The nurse will complete a certification exam application through PNCB.
* ***If the Nurse registers for the exam and is unable to meet the terms of this Contract by completing the processes to take the exam (successful or not), CPPN will charge for exam, regardless of a pass or fail outcome as outlined below.***
* If the nurse passes the exam, then the exam fee will be charged at that time to the credit card listed.
* If the nurse is unsuccessful, one additional opportunity to re-take the same exam at no additional cost per Contract Period. Nurse must contact CPPN for a new unique ID code for second attempt.
* If the nurse passes the second time, then the exam fee will be charged at that time to their credit card.
* If the nurse does not pass the second time, within the contract period, the nurse will not be charged.
* ***A nurse who registers for but does not take the exam in the selected window for any reason will forfeit one opportunity to take the exam.***
1. The Nurse will provide a valid credit card to CPPN to be charged. All credit card information will be kept confidential and shredded after payment is received. Once credit card information is received, the unique ID code will be given (in-person or to UC Davis email address).
2. CPPN will supply a unique ID code to use when registering for the exam upon receipt of this signed contract and valid credit card information.

# Do NOT apply for the exam until you have received your Unique ID Code from CPPN. If you register and pay for the exam, PNCB will not allow you to change to the No Pass, No Pay® Program.

Examination Fees will be charged per PNCB current fee schedule. View [https://pncb.org](https://pncb.org/) to determine current fees.

**Credit Card Information**

Please bring contract and credit card to CPPN, or email form to CPPN and call with credit card information.

* Credit Card Information will be kept confidential and only charged when the nurse passes the exam or fails to complete within the contract limits.
* If the credit card becomes invalid prior to being charged it is the credit card holder’s responsibility to contact CPPN and update credit card information.

**Contract will not be valid until credit card information has been received.**

By signing below, I agree to register for the exam prior to July 1, 2024 and agree to pay fees as stipulated in this contract. Any future attempts after this date requires a new contract to be completed.

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

(Signature maybe either hand sign or electronically signed and dated)

Signature of CPPN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Instruction Sheet and Code emailed/hardcopy given to employee. Date: Initials:*

Email form to HS-CPPN@ucdavis.edu or bring in person to 4900 Broadway, Suite 1630.