



NALPN Education Foundation a 501 (C) (3) entity within NALPN
3801 Lake Boone Trail, Suite 190, Raleigh, NC 27607 – www.nalpn.org
Phone: 919-779-0046 / Fax: 919-779-5642 – email: nalpn@caphill.com

IV Therapy Certification/Recertification Application

Applicant Information: (must be a licensed LPN/LVN to apply) **NALPN Member #** (if app): _____

Name: _____ **Primary Phone:** _____

Mailing Address: _____ **Alt. Phone:** _____

City, State, Zip: _____ **LPN/LVN License # & State:** _____

Email address: _____

Application Type:

Certification Requirements:

_____ **Initial IV Certification \$275.00**
(please indicate if you are retaking
due to previous exam failure)
_____ Retake

Initial certification – current LPN/LVN unencumbered licensure,
minimum 1yr. clinical experience, attend NALPN IV Therapy course
and pass exam at completion of course.

_____ **IV Recertification \$125.00**

Recertification – current LPN/LVN unencumbered licensure, completed a
minimum of 20 continuing education credits directly related to IV
Therapy within the prior 24 months of last certification /
recertification.

Initial Certification Checklist:

_____ Completed Application
_____ Payment
_____ Copy of current licensure status
_____ Registered for Course/Exam

Recertification Checklist:

_____ Completed Application
_____ Payment
_____ Copy of current licensure status
_____ Copies of min 20 CEs to be reviewed

Course Location/ Date: _____

Note: Application fees are non-refundable. Upon application processing you will be mailed an exam study guide. Exam will be administered at completion of course. Results will be emailed to the applicant within 2-4 weeks of exam. Certificates and pins will be mailed to those passing exam. Applicants that fail exam must wait a minimum of 90-days before reapplying for certification.

Mail to: NALPN Education Foundation, 3801 Lake Boone Trail, Suite 190, Raleigh, NC 27607
Paying by credit card? You can fax to 919-779-5642 or scan and email to nalpn@caphill.com

Payment Information:

NALPN members receive a reduced initial certification fee - pay \$225.00. Membership must be current as of this application and reference your membership number above for verification.

Payment Method: _____ NALPN Education Foundation Tax Id: 56-2143617

_____ Check or MO Payable to – NALPN Education Foundation

_____ Credit Card Visa, Master Card or Discover only

Credit Card #: _____ Expires: _____

Name on Card: _____

Cardholder Signature: _____