



Certification Exam Application (check one)

FOR PAPER/PENCIL TESTING AT MEDICAL UNIVERSITY OF SC IN CHARLESTON, SC ON MAY 13, 2011

CEN Exam CFRN Exam CTRN Exam

Complete all sections of this application and submit with payment by **April 11, 2011** to:

Stephanie Chomos – Phone: (843) 792-3002 / Email: chomoss@musc.edu

First Name

MI

Last Name

Street Address or PO Box

City

State

Zip Code

Country

Home Phone

Work Phone

Email Address

Please note that social security and/or birthdate are asked for in order to locate your record (either with ENA or BCEN from the past) and avoid duplication.

Social Security # (last 4 digits)

Birthdate

ENA or ASTNA Membership #

RN License Number

Expiration Date

Licensed in the State of

Validation Commitment – This section is required in order to complete the application process. **By signing below**, I affirm that I presently hold a current unrestricted license or nursing certificate that is equivalent to a Registered Nurse in the United States or its Territories.

Applicant Signature

Date

Certification Exam Fees

Total Enclosed: \$ _____

Certified Emergency Nurse (CEN) Exam

- \$220 ENA Member
- \$360 Non-ENA Member

Certified Transport Registered Nurse (CTRN) Exam

- \$230 ENA or ASTNA Member
- \$370 Non-Member

Certified Flight Registered Nurse (CFRN) Exam

- \$230 ENA or ASTNA Member
- \$370 Non-Member

Future ENA or ASTNA Members: if you are not currently taking advantage of all the benefits that ENA or ASTNA has to offer, here's your chance to get started. Join ENA or ASTNA at this time and receive the member rate for your exam as outlined above.

Yes, I'd like to join **ENA** at this time and receive the ENA member rate as outlined above. I will add the following fee to the above exam fee.

- \$100 Live outside the U.S. (International) or Guam
- \$100 US – unless noted otherwise
- \$105 Resident of AZ / CO / FL / MA / NC / SC
- \$125 Resident of CA

Yes, I'd like to join **ASTNA** at this time and receive the ASTNA member rate as outlined above. I will add the following fee to the above exam fee.

- \$90 United States Resident
- \$115 International Resident

Payment Method: Please check the appropriate box to indicate your payment method.

- Check or Money Order (Payable to the Board of Certification for Emergency Nursing)
- Visa, MasterCard, American Express, or Discover

_____-_____-_____
Credit Card Account Number

_____/_____
Expiration Date (Month/Year)

Please print your name as it appears on the credit card.

Signature

Date