North Carolina Division of Public Health
Public Health Nursing Professional Development Unit
& Communicable Disease Branch

Application to Challenge the PAA and/or STD ERRN Course

Revised July 2020

This application is for eligible nurses wishing to challenge the didactic portion of the PAA ERRN course and/or the STD ERRN course. Please refer to the Course Challenge Documents for eligibility requirements.

<u>**Applicant Information**</u>:

Name:_____   Date:_____

Place of Employment / Job Title: _____

Email:_____   Phone:_____

Previously rostered as (check all that apply):   □ PAA ERRN_____   □ STD ERRN _____
list roster date   list roster date

Are you requesting reciprocity challenge for equivalent out-of-state practice? □ YES   □ NO
- If yes, complete the following:
    - List the State where you previously practiced: _____
    - Brief description of equivalent practice: _____
    _____
    _____
    _____

<u>**Applicant Evidence**</u>: (check all that apply)
Copies of these documents must be attached to the application to verify challenge eligibility

□ copy of PAA course completion certificate   □ copy of STDERRN course completion certificate

□ copy of other verification of practice (if reciprocity)

□ copy of HIV CTR training certificate (for STD challenge)   □ Other _____

<u>**Supervisor Attestation:**</u>

By signing this attestation, I, _____, am verifying that I am the supervisor of this applicant and that
(print supervisor name)
the applicant has met either the reciprocity eligibility or the previously-rostered eligibility requirements outlined in the applicable Course

Challenge guidelines. If I am contacted by DPH to verify eligibility I will answer questions honestly.

Signature: _____   **Date**:_____

<u>**Applicant Signature:**</u>

By signing this document I am verifying that the information I have provided is accurate and true. I am also giving consent for my

supervisor to be contacted if any work history needs to be verified to determine my challenge eligibility.

Signature: _____   **Date**:_____

For DPH use only:

Application to challenge: □ denied, list reason: _____

□ approved for: □ PAA   □ STD

If approved, list date of notification to UNC for approval to challenge: _____