PSNCB CERTIFICATION EXAMINATION APPLICATION
CERTIFIED AESTHETIC NURSE SPECIALIST (CANS) PILOT EXAM
Please fill in applicable date and site:
Exam Date (Circle One): April 12, 2013 OR April 14, 2013
(see times at https://aspsn.org/aesthetic-symposium-2013.cgi)
Exam Site: New York, NY

Print or type all information requested.

1. Name__________________________________________________________
   Last             First              Middle Initial

2. Social Security Number___________________________________________

3. Home Address____________________________________________________
   ___________________________________________  __________________________
   State       Zip

4. Phone (_____)__________________________ (_____)________________________
   Home (area code) number                       Work (area code) number

5. Email Address ___________________________________________________

6. RN License: State__________________________________________ Permanent Number_________________________
   Date of Original License__________________ Expiration Date:________________________

7. Years of experience as an RN practicing in one of the core specialties*:__________________

8. a. Have you practiced as an RN in one of the four core specialties* for at least two (2) years during the past five (5) years?
   ______Yes ______No

   b. During the above work experience, were at least 50% of your practice hours spent in plastic surgical nursing or one of the core specialties*?
   ______Yes ______No

9. To be completed by your Medical Director:

   ________________________________ is/has been employed in one of the core specialties* at least two years
during the past five years by:
   ________________________________

   ____________________________
   (City)      (State)      (Zip)

500 Cummings Center, Suite 4550 ♦ Beverly, MA 01915 ♦ Info@psncb.org
Telephone: (978) 927-8330 ♦ Fax: (978) 524-0498
I further attest that ________________________________ is currently licensed as a registered nurse in
the state of ____________________________.

_________________________________  _______________________
Medical Director                              Date

10. Send the application to the Exam Bureau at:

PSNCB CANS Program
c/o C-NET
601 Pavonia Avenue, Suite 201
Jersey City, New Jersey 07306
Phone: 201-217-9083 ♦ Fax: 201-217-9785
Email: info@cnetnurse.com

*Core Specialties are defined as Plastic/Aesthetic Surgery, Ophthalmology, Dermatology, or Facial Plastic
Surgery (ENT)