



# PNCCT Renewal Policy

(2021)

The PNCCT<sup>sm</sup> certificate and renewal are valid for three years from the original test date. Follow these steps to renew your PNCCT<sup>sm</sup> certificate:

- Complete the Renewal Request form.
- Enclose a copy of your current EMT-P/RN/MD or other health care professional license;
- Enclose a copy of your current PALS/PEPP/ENPC/PPC (or equivalent) card
- Provide documentation of thirty-two (32) credits of continuing education (CE) at the ALS level with an emphasis in pediatric/neonate critical care.
  - Examples of acceptable course topics for continuing education hours include:
    - Eight (8) hours from ONE(1) of the following: APLS, STABLE, NALS, PALS\*/PEPP\*/ENPC\*/PPC\*
    - \*the same certification cannot be used for the required certification and CE credits.*
    - Fundamentals of Pediatric Critical Care Transport
    - Critical care conferences with pediatric topics
  - Instructor courses are **not** acceptable towards continuing education
  - You may not use the same course more than once for a renewal period
  - Courses must have occurred during your 3 year renewal period.

Acceptable forms of documentation of hours may be:

- in the form of a letter on agency letterhead, signed by the Training Officer or Medical Director. The letter must include your name, PNCCT number (if available), number of CE hours, dates of CE and topics covered.
- a copy of your state CE printout highlighting the courses to be considered for your renewal. The printout **must** include your name, address, identification number, number of hours attended and dates of the courses completed.
- certificate(s) containing the lecture title, lecture content and contact hours that are dated and signed.
- documented in-service training and/or PICU/NICU clinical rotations
- an unofficial college transcript highlighting the courses to be considered for your renewal.

- a CentreLearn.com transcript highlighting the courses to be considered for your renewal.

Your renewal request, documentation and \$60.00 renewal fee may be submitted to UMBC in any of the following methods:

- Forward your Renewal Request form, documentation, and \$60.00 renewal fee via regular U.S. mail to:

**UMBC**  
**Department of EHS~PACE**  
**Sherman Hall – A-Wing – Room 303**  
 • **1000 Hilltop Circle**  
**Baltimore, Maryland 21250**

~OR~

- Fax to: **410-455-6713**

**Note: Please do not submit your renewal packet via more than one method or your credit card may be run multiple times.**

- Renewal Requests postmarked from the first to the end of the month are processed by the end of the following month.
- Renewal paperwork that is postmarked within 90 days past the recommended renewal date will incur a \$15 late fee plus a \$5 credit card processing fee. The original credit card provided will be charged this fee if you paid by credit card. If you paid by any other method, you will be contacted to provide the additional fee PRIOR to your renewal materials being processed.
- Renewal paperwork postmarked greater than 90 days past the recommended renewal date will **NOT** be accepted. You will need to successfully complete a PNCCT course in its entirety to be recertified.
- Payments processed do **NOT** reflect acceptance/completion of paperwork. Payments are not processed by our office; therefore the PACE/EHS Department assumes no responsibility for renewals received after the deadlines that have payments processed. (If the business office processes your payment mistakenly, you will be contacted by our office and the renewal fee will be refunded.)
- More information can be found on our website <http://ehspace.umbc.edu>

# **PNCCT<sup>sm</sup>**

## **Renewal By Exam Request**

**EXAM FEE: \$50.00** (NON-REFUNDABLE; FEE IS IN ADDITION TO THE \$60.00 RENEWAL FEE.)

**Exams are offered the first and third Tuesday of each month between 9:30 am and 1:30 pm.**

**This form must be received at least 10 days prior to requested test date.**

**Please complete the following information and submit with the exam fee. Checks or money orders must be made payable to "UMBC" and mailed to:**

**DEPT OF EHS/PACE  
UMBC  
1000 HILLTOP CIRCLE  
SHERMAN HALL, RM 308  
BALTIMORE MD 21250**

**OR FAX THIS FORM WITH CREDIT CARD INFO TO:**  
**410-455-6713**

**Upon receipt of this request, you will receive an email confirmation.**

[illegible]

I verify that I am a current CCEMTP<sup>sm</sup> and will be sitting for the exam prior to my CCEMTP<sup>sm</sup> expiration date. (Initial Here)



# PNCCT Renewal Request

~2021

PLEASE TYPE OR PRINT LEGIBLY.

DATE: \_\_\_\_\_

NAME:					
STREET:					
CITY:		STATE:		ZIP CODE:	
PHONE: (HOME/CELL)		PHONE: (WORK)			
EMAIL:					
DATE/LOCATION OF ORIGINAL PNCCT COURSE:			PNCCT STUDENT #:		

I have provided documentation of thirty-two (32) credits of critical care continuing education (CE) at the ALS level **with an emphasis in pediatric and neonate critical care**. I am requesting renewal of my PNCCT<sup>sm</sup> certificate:

\_\_\_\_\_  
(signature)

Acceptable forms of documentation of hours may be:

- in the form of a letter on agency letterhead, signed by the Training Officer or Medical Director. The letter must include your name, PNCCT<sup>sm</sup> number (if available), number of CE hours, dates of CE and topics covered.
- a copy of your state CE printout highlighting the courses to be considered for your renewal. The printout **must** include your name, address, identification number, number of hours and dates of the courses completed.
- certificate(s) containing the topic content and time frame that are dated and signed.
- an unofficial college transcript highlighting the courses to be considered for your renewal.
- a CentreLearn.com transcript highlighting the courses to be considered for your renewal.

You may list CE course information on the table found on page 2.

<input type="checkbox"/> Enclosed is a copy of my current EMT-P/RN/MD or other health care professional license			
<input type="checkbox"/> Enclosed is a copy of my current PALS/PEPP/ENPC/PPC (or equivalent) card			
<input type="checkbox"/> Enclosed is my check made payable to "UMBC" in the amount of \$60.00			
<input type="checkbox"/> Enclosed is my check made payable to "UMBC" in the amount of \$75.00 (renewal fee + \$15 late fee)			
<input type="checkbox"/> Charge my VISA MasterCard (circle one) \$65.00 (\$60.00 + \$5.00 credit card processing fee)			
<input type="checkbox"/> Charge my VISA MasterCard (please circle one) \$80.00 (\$60.00 + \$15 late fee + \$5.00 credit card processing fee)			
Card Number:		V-code (last 3 digits on back of card):	
Name as it appears on Card:		Expiration Date:	
Signature:			

**UMBC, Department of EHS~PACE, Sherman Hall, A-Wing, Room 303, 1000 Hilltop Circle, Baltimore, MD 21250**

~OR~ Fax to **410-455-6713**

## CONTINUING EDUCATION COURSE INFORMATION

The information provided below must be verified and signed by your training officer OR medical director.

(PLEASE PRINT).

DATE	LOCATION	TOPIC	HOURS
Training Officer/Medical Director Name:		Phone #:	
Signature:		Date:	

## **CERTIFICATIONS**

**EMT-P/RN/MD or other health care  
professional license**

**PLACE COPY OF CARD  
HERE**

**PNCCT<sup>SM</sup> card**

**If you do not have your original card, please  
indicate date of course, location and  
expiration date**

**PLACE COPY OF CARD  
HERE**

**PALS/PEPP/ENPC/PPC**

**PLACE COPY OF CARD  
HERE**

**I understand that if I submit my request within 90 days past the recommended renewal date I will incur an additional \$15 late fee and that if my renewal is submitted after the 90-day grace period, I will not be considered for renewal.**

**Initial Here: \_\_\_\_\_**