



Pediatric Nursing Certification Board, Inc.
Developmental, Behavioral, and Mental Health (DBMH)
Clinical Hour Verification Information

Name (please print)

Last 4 digits of Social Security Number

To complete your PMHS certification exam application, your supervisor must complete the clinical practice attestation information on the lower portion of this form, and you must submit documentation to confirm:

Your exam eligibility cannot be assigned until the requested documents have been uploaded to your exam application. Questions? Email exam@pncb.org.

SUPERVISOR – PLEASE COMPLETE THIS INFORMATION

To be completed by a supervisor who can verify your pediatric DBMH clinical practice hours.

I attest that (exam applicant name)

(Pathway selection must match the candidate's exam application.)

Traditional Pathway: Completed at least 2,000 clinical practice hours in pediatric developmental, behavioral, and mental health (DBMH) within the previous 5 years.

Specialty Program or Faculty Pathway: Completed at least 1,000 clinical practice hours in pediatric developmental, behavioral, and mental health (DBMH) within the previous 5 years.

(Name of Clinical Setting)

from through

Supervisor's Signature Date Signed

The above signature attests to the accuracy of the above practice statement.

This form may be duplicated as many times as necessary.