



National Federation of Licensed Practical Nurses, Inc.

111 W. Main Street #100, Garner, NC 27529 · (919) 779-0046 · Fax (919) 779-5642 · www.nflpn.org

Email: nflpn@mgmt4u.com

Certified Foot Care Specialist Certification Application

Please print information clearly.

Applicant Information:

NFLPN Member # _____ (if applicable)

Full Name: _____ Credentials (LPN, LVN, etc.): _____

Mailing Address: _____ Home #: _____

City/State/Zip: _____ Cell #: _____

Email: _____ Work #: _____

LPN/LVN License #, State, Expiration: _____

Requirement Checklist for application processing:

- _____ Copy of valid driver's license, state issued ID, or passport
- _____ Proof of valid LPN/LVN licensure (copy of card/certificate/online verification – must show expiration date)
- _____ Copy of "Best Practices in Foot Care" training Certificate of Completion
- _____ Original completed/signed Internship Skills Log – must be completed by verifiable Podiatrist or CFCN
- _____ Application completely filled out and legible
- _____ Payment – see below payment options

Application Fee: (NON REFUNDABLE)

_____ Non-Members of NFLPN - Payment of \$250.00 made payable to NFLPN

_____ Members of NFLPN – Payment of \$225.00 made payable to NFLPN

(Note: if membership is not current at time of application, application will be returned. Current membership requires your membership expiration date to be at least 3 months after the application date. Be sure to renew prior to submitting your certification application.)

Payment Options: NFLPN Tax ID: #13-1690105

_____ Check or Money Order make payable to: NFLPN (Note: There is a \$25.00 returned check fee for non-sufficient funds)

Mail application, documents, and check or money order payment to: NFLPN, 111 W. Main Street #100, Garner, NC 27529

_____ Credit Card: Visa MCard AMEX (Paying by CC, mail to above address or fax to: (919) 779-5642)

Card Number: _____ Exp. Date: _____

Name on Card: _____

Authorized Signature: _____ Date: _____

Email payment receipt: _____

Central Office Use Only:

Date received: _____ Check or MO #/Amount Received: _____ CC Processed/Amount _____

Application Approved: _____ Testing Notification: _____