

# EXXAT • Compliance Portal

## Specialty CPR Certification Requirement Form

### Not Applicable -OR- Extension Request

**Requirement/s not applicable (N/A) to my enrollment at VUSN:**  
Check those that apply-

- N/A = ACLS ▪ I am not enrolled in the AGACNP or ENP specialty programs.
- N/A = ATLS/TNCC/ATCN ▪ I am not enrolled in the ENP specialty program.
- N/A = NRP ▪ I am not enrolled in the NNP specialty program.
- N/A = PALS ▪ I am not enrolled in the PNPAC or ENP specialty programs.

***I agree and consent that my electronic signature below is valid and has full legal effect.***

I also understand that if at a later date, I am admitted to any of these Specialty Programs, I must be certified in the applicable CPR Certification(s) before I register for a specialty course with a clinical component and will contact the Compliance Office at, [lisa.boyer@vanderbilt.edu](mailto:lisa.boyer@vanderbilt.edu) or (615) 343-3294, to submit the certification.

Student Signature: \_\_\_\_\_ (Required)

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

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### Extension request:

**NOTE-** Current certification is required prior to registering for specialty courses that include a clinical component.

Please extend the due date of the \_\_\_\_\_ certification requirement.

I plan to submit documentation of a current certification to this

requirement by date: \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date prior to registration in specialty clinical courses.)

\*Extend the due date of this requirement to date indicated.

***I agree and consent that my electronic signature below is valid and has full legal effect.***

I also understand that I can withdrawal this request by contacting the Compliance Office at:  
[lisa.boyer@vanderbilt.edu](mailto:lisa.boyer@vanderbilt.edu) or (615) 343-3294

Student Signature: \_\_\_\_\_ (Required)

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year