



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

**Advanced Practice Nurse Certification:
Completion of Integrated Pharmacology**

This will certify that _____, completed at least **45** hours of
Name of graduate

pharmacology integrated into the advanced nursing practice program with 6 hours related to controlled dangerous substances, including pharmacologic therapy and addiction prevention and management completed at:

_____ on _____
Name of nursing program Date

I hereby certify that the above statement is true and correct and
affix my hand and school seal this _____
day of _____, _____
Month Year

Name of Dean/Director (please print)

Signature of Dean/Director

Name of Controlling Institute

City State ZIP code

