



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### PRACTITIONER LICENSING AND INVESTIGATIONS SECTION ADVANCED PRACTICE REGISTERED NURSE AFFIDAVIT

Application for (Please check one)  Waiver  Extension

I, \_\_\_\_\_, being duly sworn, attest that:

- I am an advanced practice registered nurse licensed in the State of Connecticut.
- During the exemption period from \_\_\_\_\_ to \_\_\_\_\_  
I did not/will not actively engage in the practice of advanced practice nursing in the State of Connecticut; **OR**  
I hereby declare my eligibility for a waiver/extension of the continuing education requirements based on a medical disability/illness pursuant to Section 20-94d(f), Connecticut General Statutes. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from \_\_\_\_\_ to \_\_\_\_\_.
- I, therefore, claim an exemption for the above-specified period from the requirements of Section 20-94d(b), Connecticut General Statutes, which specifies that each licensee actively engaged in the practice of advanced practice nursing must complete a minimum of 50 contact hours of continuing education within the preceding 24 month period.
- I understand that, should I resume the practice of advanced practice nursing in the State of Connecticut, I must complete the requirements listed in Section 20-94d(e)(2), Connecticut General Statutes, which specifies that an APRN who is exempt from the continuing education requirements for less than two (2) years shall complete twenty-five (25) contact hours of continuing education within the twelve (12) month period immediately preceding the licensee's return to active professional practice. The licensee may not engage in professional practice until the licensee has met these requirements.
- The above statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Connecticut APRN License Number

\_\_\_\_\_  
Phone Number/Email Address

*Subscribed and Sworn before me this* \_\_\_\_\_ *day of* \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*



Phone: (860) 509-7603  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue – MS # 12MQA  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

An APRN who is not engaged in active professional practice in any form during a registration period may be exempt from the continuing education requirements of this section, provided the licensee submits to the department, prior to the expiration of the registration period, a notarized application for exemption.

An APRN who is exempt from the continuing education requirements for less than two (2) years shall complete twenty-five (25) contact hours of continuing education that meets the criteria described above within the twelve (12) month period immediately preceding the licensee's return to active professional practice. The application for exemption shall contain a statement that the licensee may not engage in professional practice until the licensee has met these requirements.

In individual cases involving medical disability or illness, the Department, may grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements to an APRN, provided the APRN submits an application for waiver or extension of time form, along with a certification by a licensed physician, physician assistant or advanced practice registered nurse of the disability or illness.

The Department may grant a waiver or extension for a period not to exceed one registration period, except that an additional waiver or extension may be granted if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.



Phone: (860) 509-7603  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue – MS # 12MQA  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer