

**North Carolina Division of Public Health
Breast & Cervical Cancer Control Program
& Communicable Disease Branch**

Application to Challenge the PAA and/or STD ERRN Course

Revised March 2025

This application is for eligible nurses wishing to challenge the didactic portion of the PAA ERRN course and/or the STD ERRN course. Please refer to the Course Challenge Documents for eligibility requirements.

Applicant Information:

Name: _____ Date: _____

Place of Employment / Job Title: _____

Email: _____ Phone: _____

Previously rostered as (check all that apply): ☐ PAA ERRN _____ ☐ STD ERRN _____
list roster date list roster date

Are you requesting reciprocity challenge for equivalent out-of-state practice? ☐ YES ☐ NO

• If yes, complete the following:

- List the State where you previously practiced: _____
- Brief description of equivalent practice: _____

Applicant Evidence: (check all that apply)

Copies of these documents must be attached to the application to verify challenge eligibility

- ☐ copy of PAA course completion certificate ☐ copy of STD ERRN course completion certificate
- ☐ copy of other verification of practice (if reciprocity)
- ☐ copy of HIV CTR training certificate (for STD challenge) ☐ Other _____

Supervisor Attestation:

By signing this attestation, I, _____, am verifying that I am the supervisor of this applicant and that
(print supervisor name)
the applicant has met either the reciprocity eligibility or the previously-rostered eligibility requirements outlined in the applicable Course
Challenge guidelines. If I am contacted by DPH to verify eligibility I will answer questions honestly.

Signature: _____ Date: _____

Applicant Signature:

By signing this document I am verifying that the information I have provided is accurate and true. I am also giving consent for my
supervisor to be contacted if any work history needs to be verified to determine my challenge eligibility.

Signature: _____ Date: _____

For DPH use only:

Application to challenge: ☐ denied, list reason: _____

☐ approved for: ☐ PAA ☐ STD

If approved, list date of notification to UNC for approval to challenge: _____