AMERICAN NURSES CREDENTIALING CENTER
NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS
Biographical Form for Appointment to Core CNS Certification Examination Content Expert Panel

BIOGRAPHICAL FORM TO BE COMPLETED BY CANDIDATE. **ATTACH CURRENT CURRICULUM VITAE & JOB DESCRIPTION**

Please return to: Volunteer Liaison
ANCC, 8515 Georgia Avenue, Ste. 400 Silver Spring, Maryland 20910
Ph. 800-284-2378 Fax: (301) 628-5356
Email: ANCCVolunteer@ana.org

Instructions: PLEASE TYPE or PRINT. Complete form in full. **Please state information clearly and succinctly**. DO NOT USE ABBREVIATIONS. All personal information will be confidential within ANCC/NACNS. This form is intended to be a SNAPSHOT of your career pertinent to this appointment. **Attach a copy of current CV/Resume and job description to supplement this information.**

I am requesting consideration for appointment as a representative of: ☐ ANCC ☐ NACNS ☐ Either

Form of Address: ☐ Ms. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Other:

NAME and CREDENTIALS (will be used for official documents as typed): ______________________________
Name

Current Specialty Area of CNS Practice: ________________________ **Area of Specialty Preparation as a CNS:** __________

Preferred Mailing Address: ☐ Home ☐ Business

____
Home Street Address

____
Apartment #

____
City/State/Zip

____
Business Name

____
Business Address

____
City/State/Zip

Home Phone: (________) ______________________

Home Fax: (__________) ______________________

Business Phone: (______) ______________________

Business Fax: (________) ______________________

Home Email: ______________________________

Business Email: ______________________________

Sex: ☐M ☐ F

Race/Ethnic Group: ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Black/African American
☐ Hispanic ☐ White ☐ Other

(Completion of information on ethnicity, which is used for affirmative action purposed, is optional.)

Education (begin with highest degree earned):

Degree/Diploma | Area of Study | Year Obtained | Educational Institution

____

____

____

☐ **Clinical Nurse Specialist** ☐ **Faculty/Educator** ☐ **Admin** ____________________ **Other, please specify**

Are you certified as a CNS? Yes No. If Yes, in what specialty and by what organization? ____________________

____

Years practicing in specialty area: ______________

Employment Setting (check all that apply): ☐ Inpatient ☐ Outpatient ☐ College/University ☐ Other (Specify): ______________

Present Employer and Position Title: ____

Length of Employment (From/To): ____

Description of Present Position (include description of major clinical, teaching, level of teaching (graduate, undergraduate) or practice area, populations served, field/
place of employment and responsibilities): ____

____

____

Other Significant Employment Positions Held pertinent to this appointment (last 10 years):

Position | Term of Employment (From/To) | Employer

____

____

____

National Recognition/Other Professional Development (certifications, publications, presentations, honors)
Instructions: List only THREE recent/significant certifications, publications, presentations, or honors if applicable)

(1) ____

(2) ____

(3) ____

Community, State, or National Involvement in Health Care Concerns: ____

____

____

Current Membership in CMA/SNA: ☐Yes ☐ No CMA/SNA Membership No. ____________________
(if applicable)

Current Membership in NACNS: ☐Yes ☐ No NACNS Membership No. ____________________
(if applicable)

Past/Present Offices/Appointments/Activities
National/ State/ Local

Instructions: List TWO key offices/appointments/activities. Give complete titles and terms of service (From/To)

Office/Appointment/Activity Term (From/To)

(1) ____

(2) ____

Activities with Other Associations (nursing specialty organizations, national associations, include offices held): ___________

____

Please complete the following section legibly and neatly

Reason you should be appointed (Please explain your unique qualifications (if any) relative to the criteria): ______________________

If appointed, how would you contribute to the position? ______________________

Have you attended an item writing workshop? ______________________

Have you had item writing or test development experience/training? If yes, please describe: ______________________

If appointed, I agree to serve: ______________________

Signature Date

*****REMEMBER TO ATTACH A CURRENT CV AND JOB DESCRIPTION TO COMPLETE THE APPLICATION*****

Revised on: 11/02/2007