



ANCC proudly offers certification for

Certification Reciprocity

Reciprocity refers to the ANCC Commission on Certification policy whereby your certification with a different certification organization may be recognized by ANCC.

ANCC may grant reciprocity to a nurse certified by another certifying organization in a certification specialty also offered by ANCC, subject to the following conditions:

- > The other certifying organization's exam is accredited by either the American Board of Nursing Specialties (ABNS) or the National Commission of Certifying Agencies (NCCA).
- > You hold a current certification with the other organization.
- > You hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

For more information: www.nursecredentialing.org

Certification Reciprocity

Reciprocity is available for:

Adult Nurse Practitioner certification with the American Academy of Nurse Practitioners Certification Board

Case Manager certification with the Commission for Case Manager Certification

Note: Reciprocity applicants must hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Family Nurse Practitioner certification with the American Academy of Nurse Practitioners Certification Board

Pediatric Nurse certification with the Pediatric Nurse Certification Board

Pediatric Nurse Practitioner certification with the Pediatric Nurse Certification Board

Please contact us if you have questions about whether your certification qualifies for reciprocity. Call our Customer Care Center at 1.800.284.2378.

Benefits of ANCC Certification

American Nurses Credentialing Center is the largest and most respected nurse credentialing organization in the United States. Where ever your career takes you, you can be certain that your ANCC certification will be recognized.

ANCC certifications are on a five year renewal cycle. You need only fill our paperwork and submit renewal fees every five years. Even better, the fees for ANCC certification renewal can be as low as \$200* for a five year renewal.

*The 2008-2009 renewal rate for American Nurses Association members who complete the renewal requirements and submit their applications before their certification expiration date is \$200.

Application Fees

2008-2009

ANA Member	\$270	Required attachment: A copy of your American Nurses Association membership card
Discount	\$340	Required attachment: A copy of your American College of Nurse Practitioners membership card (if you are applying for nurse practitioner reciprocity)
Non-Member	\$390	

Mailing Instructions

Print legibly using either black or blue ink. Submit an application, copy of your current RN license, current certification card or certificate, and payment. Remember to attach all required supporting documents and mail to:

**American Nurses Credentialing Center
P.O. Box 791333
Baltimore, MD 21279-1333**

You will receive a confirmation letter within 2 to 3 weeks and your new ANCC Certification certificate within 6 weeks.

DETACH HERE

Complete application and mail to ANCC.

Certification Reciprocity

General Information

1

Use your legal name on the application. This name must match photo identification used for examination entry and will be the name printed on your certificate.

Last Name First Name MI

Social Security Number

Home Address

City State Zip/Postal Country

Home Phone Home Fax Personal E-Mail

Employer Name

Employer Address

City State Zip/Postal

Work Phone Work Fax Work E-Mail

Type of primary position:

- | | | |
|---|--|--|
| <input type="checkbox"/> Nurse Manager | <input type="checkbox"/> Associate/Assistant Administrator | <input type="checkbox"/> Clinical/Staff Nurse |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Educator | <input type="checkbox"/> Clinical Nurse Specialist |
| <input type="checkbox"/> Administrator/DON/CNO/VP Nursing | <input type="checkbox"/> Researcher | <input type="checkbox"/> Consultant |
| | | <input type="checkbox"/> Other: _____ |

Reciprocity requested:

- Adult Nurse Practitioner certification with the American Academy of Nurse Practitioners Certification Board
- Case Manager certification with Commission for Case Manager Certification
- Family Nurse Practitioner certification with the American Academy of Nurse Practitioners Certification Board
- Pediatric Nurse certification with the Pediatric Nurse Certification Board
- Pediatric Nurse Practitioner certification with the Pediatric Nurse Certification Board

Payment

2

Personal Check/Money Order (payable to ANCC) Amount Enclosed: _____

Charge Card (MasterCard or VISA only) Amount to be charged: _____

Promotional Code (if applicable): _____

Account Number Exp. Date

Print Name on Card Signature

Education

3

Check all that apply:

- Diploma
- Associate Degree in Nursing
- Associate Degree in Other Field
- Baccalaureate in Nursing
- Baccalaureate in Other Field
- Master's in Nursing
- Master's in Other Field
- PhD in Nursing
- PhD in Other Field
- EdD
- DNP
- DNSc
- ND
- Other: _____

Please list all degrees you have been awarded (do not include high school). Please attach additional page if necessary.

School Name School Code

Major/Area of Study Date Degree Conferred

School Name School Code

Major/Area of Study Date Degree Conferred

School codes: Available via Fax-on-Demand 1.888.880.2404 Doc #116 or on-line at www.nursecredentialing.org/cert/schoolcodes.cfm

Licensure Information

4

Required attachments: Attach a copy of license and proof of certification (photocopy of card or certificate).

Current RN License Number

State Expiration Date (month/date/year)

Statement of Understanding

5

I hereby apply for certification offered by the American Nurses Credentialing Center (ANCC). I understand that I am subject to all requirements of certification as described in this catalog and that certification depends on successfully completing specified program requirements. If certified, my name will be included in the official listing of certified nurses.

I authorize the Commission on Certification to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. I expressly acknowledge that information accumulated by ANCC through the certification process may be used for statistical, research, and evaluation purposes and that ANCC may enter into agreements to release anonymous and aggregate data to schools or external researchers. Otherwise, subject to the mailing list authorization, all information will be kept confidential and shall not be used for any other purposes without my permission.

To the best of my knowledge, the information on this application is true, complete, and correct. I attest by my signature that I meet all eligibility requirements for certification, in effect for the year in which this application is made as stipulated in the most current requirements on the ANCC website: www.nursecredentialing.org I attest by my signature that I will maintain an active registered nurse licensure throughout the entire period during which I am certified. I understand that any misstatement of any material fact submitted upon application for certification may be sufficient cause for ANCC to bar me from the examination, to invalidate the results of my examination, to withhold certification, to revoke certification, or to take other appropriate action.

I hereby attest that I meet the eligibility criteria as stated on the front of this brochure and ANCC website for this certification exam.

(Applications received without a signature incur a delay in processing which will cause a delay in the review of your application and ability to take a certification examination.)

Required Signature Print Name Date

MAILING LIST REFUSAL

ANCC may release mailing lists from its certification database to organizations or individuals who have information to distribute that would be beneficial to nurses or to nursing and credentialing research. If you do not wish your name and mailing address to be released for marketing purposes, please mark the decline option below.

- I do not wish my name and mailing address to be released for any marketing purposes.

Demographic and Employment Information

1. Location of facility:

- Urban
- Rural
- Suburban
- Outside the U.S.

2. Average number of patient encounters/visits per year at your primary place of employment:

- ≤1,000
- 1,001–5,000
- 5,001–10,000
- 10,001–20,000
- 20,001–40,000
- 40,001–60,000
- 60,001–80,000
- 80,001–100,000
- >100,000

3. Will you receive a monetary reward/compensation from your employer for certification?

- Yes No

If yes:

- \$ _____ per hour
- \$ _____ per year
- \$ _____ one time

4. Number of individuals you supervise:

5. Years of experience as a registered nurse/licensed practitioner (round to nearest whole year): _____

6. Total years of experience in the field in which certification is desired (round to nearest whole year): _____

7. Primary place of employment (check one):

- Ambulatory care
- Physician-managed group practice
- Home health
- Hospice
- Hospital
- Managed care
- Nurse-managed group practice
- Nursing home/long-term care
- Occupational health/environmental health
- Office nursing
- Public health/community health
- School health
- School of nursing/university/college
- Federal/military
- Other: _____

8. Patient population/conditions representative of your practice (check all that apply):

- Medical-Surgical
- Cardiac
- Endocrine/Diabetes
- Pulmonary
- Neurology
- Renal/Urology
- Orthopedics
- Rehabilitation
- Gerontology/Long Term Care
- Perinatal
- Post-partum
- Labor & Delivery
- Pediatrics
- ER
- Trauma
- Critical Care
- Other: _____

9. Age range of your primary patient population:

- 0–1
- 2–21
- 22–65
- 66+

10. Average number of hours worked per week:

- 8 or fewer
- 9–16
- 17–24
- 25–32
- 33–40
- >40

11. Size of facility (total number of beds):

- N/A
- 1–100
- 101–250
- 251–500
- >500

12. Is certification part of your employer's job performance/clinical ladder rating criteria?

- Yes No

13. How did you obtain this application?

- From ANCC website
- Mailed from ANCC
- From my school
- From my workplace
- At a tradeshow
- Other: _____

14. Please check the professional organizations in which you are a member (check all that apply):

- AACVPR American Association of Cardiovascular and Pulmonary Rehabilitation
- AADE American Association of Diabetes Educators
- AAACN American Academy of Ambulatory Care Nursing
- ACNP American College of Nurse Practitioners
- ADA American Diabetes Association
- ADA American Dietetic Association
- ANI Alliance for Nursing Informatics
- APhA American Pharmacists Association
- APNA American Psychiatric Nurses Association
- APHA American Public Health Association (Public Health Nursing Section)
- ANA American Nurses Association
- ASPMN American Society for Pain Management Nursing
- ISPN International Society of Psychiatric-Mental Health Nurses
- NACNS National Association of Clinical Nurse Specialists
- NCGNP National Conference of Gerontological Nurse Practitioners
- NGNA National Gerontological Nursing Association
- NNSDO National Nursing Staff Development Organization
- PCNA Preventive Cardiovascular Nurses Association
- SPN Society of Pediatric Nurses
- SVN Society for Vascular Nursing
- Other: _____

Other Demographic Information

Note: Providing the following information is strictly voluntary. It will be used for statistical purposes only.

Sex: M F

Date of Birth: _____
month/date/year

Race/Ethnic Group

- American Indian/Alaska Native
- Asian/Pacific Islander
- Black/African-American
- Hispanic
- White/Caucasian
- Native Hawaiian
- Other: _____

Continuing Education Resources

Review Seminars

Review Seminars for certification exams are available for fifteen different nursing specialties at various hospitals and schools of nursing across the country. Participants receive contact hours. Seminar schedule and registration at: www.nursecredentialing.org/cert/revseminars.html

Study Groups

Using the content from the seminars, the faculty lecture on the material during several telephone conference calls scheduled during a specific time period. Look for the "Study Group" courses in the seminar schedule. Participants receive contact hours. Study Group schedule and registration at: www.nursecredentialing.org/cert/revseminars.html

On-Line Narrated Review Courses

Our On-Line Narrated Review Courses contain the same content as our popular Review Seminars, with the voice over of an instructor talking the student through the material. After you register for the course, you will have three months in which to complete the materials. Participants receive contact hours. For more information and to register: www.nursecredentialing.org/cert/webcourses.html

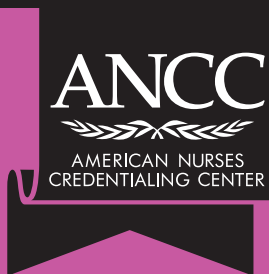
Review and Resource Manuals

Written by nursing experts in each specialty, these manuals enhance your critical thinking skills and identify strengths and weaknesses. Contact hours available on-line for an additional fee. Order manuals at: www.nursecredentialing.org/cert/revmanuals.html

Certified Nurse E-Store

Once you have passed your exam, celebrate your accomplishment with pins, plaques, and other recognition items. www.nursecredentialing.org/cert/estore

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC's internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, healthy work environments through the Magnet Recognition Program® and the Pathway to Excellence Program™; and accredit providers of continuing nursing education. In addition, ANCC provides leading-edge information and education services and products to support its core credentialing programs. All programs of the ANCC are administered without discrimination on the basis of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation. ANA is accredited as a provider of continuing nursing education by ANCC's Commission on Accreditation. ANA is approved as a provider by the California Board of Registered Nursing, Provider number 6178.



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