



# ANCC 2008 Certification Renewal

Certification renewal must be completed every five years to maintain your ANCC certification. Please turn in your renewal application three to six months before the expiration date on your certification certificate to allow time for your application to be individually reviewed before your certification expires.

This application provides the most important information needed to renew your ANCC certification. Detailed information on such topics as backdating, reactivating lapsed certification, and practicing with an expired certification is available on [www.nursecredentialing.org](http://www.nursecredentialing.org) and in the General Testing and Renewal Handbook.

You can also call Customer Service at 1.800.284.2378 to answer any question about certification renewal.

For more information: [www.nursecredentialing.org](http://www.nursecredentialing.org)

# ANCC Certification Renewal Options

## Certification Renewal Options When Your Certification Is Current

### *Option A: Professional Development **plus** Practice Hours*

- > Hold a current, active RN license in a state or territory of the United States or the professional, legally-recognized equivalent in another country;
- > Hold a current ANCC certification;
- > Complete the professional development requirements for your certification specialty;
- > Complete a minimum of 1,000 practice hours in your certification role and specialty;
- > Pay the renewal fee.

### *Option B: Professional Development **plus** Testing if you do not have practice hours in your certification specialty. This option only applies to those certifications in which an exam is available.*

- > Hold a current, active RN license in a state or territory of the United States or the professional, legally-recognized equivalent in another country;
- > Hold a current ANCC certification;
- > Complete the professional development requirements for your specific certification;
- > Pay the renewal fee;
- > Pass the exam.

## Certification Reactivation Options When Your Certification Has Lapsed

**Please note: There is no grace period.**

### *Option C: Professional Development **plus** Practice Hours if your certification has been expired for less than 2 years.*

- > Hold a current, active RN license in a state or territory of the United States or the professional, legally-recognized equivalent in another country;
- > Hold a lapsed ANCC certification;
- > Complete the professional development requirements for your specialty;
- > Complete a minimum of 1,000 practice hours in your role and specialty during the five years before submitting your application;
- > Pay the reactivation fee of \$125 **plus** the renewal fee.

### *Option D: Professional Development **plus** Testing if your certification has been expired for more than 2 years or you do not have practice hours in your certification specialty. This option only applies to those certifications in which an exam is available.*

- > Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country;
- > Hold a lapsed ANCC certification;
- > Complete the professional development requirements for your specific certification;
- > Pay the reactivation fee of \$125 **plus** the renewal fee;
- > Pass the exam.

# ANCC Certification Renewal Options (cont.)

## Practice Hours Explained

A minimum of 1,000 practice hours in your certification specialty is required and can be either through an employer or as a volunteer.

Advanced practice nurses (CNS and NP) must have practice hours in your certification specialty at the advanced level.

Faculty can use hours of direct clinical supervision of students for clinical practice. The direct clinical supervision must be in the certification specialty. Advanced practice faculty must have direct supervision of advanced practice students.

Nursing Administration; Nursing Administration, Advanced; and Nursing Professional Development: Please see Unique Requirements on page 5.

## Professional Development Explained

ANCC currently has five professional development categories. Additional options will be announced in mid-2008. In 2009, the professional development requirements for all certification renewals will change. Most candidates renewing may select two of the five categories or double any one category. The five categories are explained on pages 3-4. Use this application to document your professional development activities. Please do **not** include backup documentation (for example, photocopies of continuing education certificates.) Only those applications randomly selected for audit will be required to send backup documentation.

If your certification is Adult Health Clinical Nurse Specialist; Adult Nurse Practitioner; Cardiac Rehabilitation; Family Nurse Practitioner; Gerontological Nurse Practitioner; Gerontological Clinical Nurse Specialist; Nursing Administration; Nursing Administration, Advanced; or Nursing Professional Development, then unique requirements apply (see Unique Requirements on page 5).

## Renewal Using Professional Development plus Testing

Renewal Application Deadlines: If the test is in a computer-based format, then applications are accepted throughout the year. Please allow at least three months before your certification expires. If your test uses a paper & pencil format, then you can test in either May or October. The application deadline for May tests is March 1; the application deadline for October tests is August 1.

Applications received after the deadline date are automatically considered for the next test date.

You will find information on hosting a special test site, alternate test dates, and international testing at **[www.nursecredentialing.org](http://www.nursecredentialing.org)** If you are requesting any of these special services, please be sure to include a written request for them when you submit this renewal application.

## Mailing Instructions

Print legibly using either black or blue ink, or type. Remember to include a copy of your membership card if you are claiming a discount. Submit this application, a copy of your license, and payment and mail to:

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

## Questions?

Call Customer Care at 1.800.284.2378, Monday - Friday, 9 am to 5 pm Eastern Time

# Professional Development Categories

## Category 1 Continuing Education Hours

Complete 75 contact hours of continuing nursing education (or 150 continuing nursing education hours if you are doubling this category.) At least 50% of the hours must be from an educational program/organization accredited by American Nurses Credentialing Center or on the accepted list of organizations below. At least 51% of your continuing education hours must be related to your certification specialty.

**Adult and Family Nurse Practitioners are required to use this category for one of their two professional development categories. They also have the option of doubling this category.**

*Continuing education hours approved by any of these organizations will meet the ANCC-accredited CNE criteria (This list is not comprehensive.):*

American Nurses Credentialing Center (ANCC)	Emergency Nurses Association (ENA)
American Academy of Family Physicians (AAFP)	National Association of Nurse Practitioners in Women's Health (NPWH)
American Academy of Nurse Practitioners (AANP)	National Association of Pediatric Nurse Practitioners (NAPNAP)
American Academy of Physician Assistants (AAPA)	Accreditation Council for Continuing Medical Education (ACCME) <i>(includes CME)</i>
American College of Nurse-Midwives (ACNM)	Accreditation Council for Pharmacy Education (ACPE) <i>(includes CPE)</i>
American Psychiatric Association (APA)	
American Psychiatric Nurses Association (APNA)	
American Psychological Association (APA)	

As needed, you can use these formulas to convert continuing education credit.

1 contact hour = 1 CME or 0.1 CEU or 60 minutes

1 CEU = 10 contact hours

## Category 2 Academic Credits

Complete either five semester hours or six quarter hours of academic courses in your certification specialty. If you double this category, then submit 10 semester hours or 12 quarter hours.

You can convert academic hours to contact hours by using this formula:

1 academic semester hour = 15 contact hours

1 academic quarter hour = 12.5 contact hours

## Category 3 Presentations

Present five different topics related to your certification specialty. Presentations that are a requirement of your employment are disqualified from this category. If you double this category, then you must present 10 different topics related to your certification specialty.

**These specialties may not double Category 3: Adult Health Clinical Nurse Specialist, Gerontological Nurse Practitioner, Gerontological Clinical Nurse Specialist, Nursing Professional Development.**

# Professional Development Categories (cont.)

## Category 4 Publication or Research

**Publication:** Publish an article in a peer reviewed journal or a book chapter or develop education materials (such as a CD or web-based materials. Articles that are not yet published may not be used.) If you double this category, then you must have published two different articles in peer reviewed journals or developed two different education materials.

**Research:** Serve as the primary investigator in an IRB-approved research project related to your certification specialty and completed during your five year certification period, or complete a master's thesis or doctoral dissertation in your certification specialty. You can double this category by competing two IRB-approved research projects as the principle investigator.

You can also double this category by completing one publication and one research project.

**Nursing Professional Development may not double Category 4.**

## Category 5 Preceptorship

Complete a minimum of 120 hours of direct clinical supervision to nursing students in your certification specialty. CNSs and NPs must precept advanced practiced nurses (CNS or NP) to fulfill this category.

## Upcoming Changes to Renewal Requirements

The Commission on Certification is planning to introduce significant changes to the certification renewal requirements for 2009. The specific changes will be available by mid-2008.

# Unique Requirements

## Unique Certification Renewal Requirements

The following certifications have unique renewal requirements. Please review carefully.

### Adult Health Clinical Nurse Specialist:

- > You may not double Category 3 (presentations).

### Adult Nurse Practitioner:

- > Must complete Category 1 (75 contact hours) plus one other professional development category. You also have the option of doubling Category 1.

### Cardiac Rehabilitation:

- > Attach a copy of your current ACLS card.

### Family Nurse Practitioner:

- > Must complete Category 1 (75 contact hours) plus one other professional development category. You also have the option of doubling Category 1.
- > The professional development used for certification renewal must reflect the scope of practice and age ranges of patients treated by Family Nurse Practitioners. Please remember to document that all patient age groups and a variety of practice areas were covered while meeting your professional development requirement.

### Gerontological Nurse Practitioner:

- > You may not double Category 3 (presentations).

### Gerontological Clinical Nurse Specialist:

- > You may not double Category 3 (presentations).

### Nursing Administration:

- > Practice Hour Requirement: Must hold an administrative position or have provided consultative services or have been engaged in the education and supervision of students at this level for at least 1,000 hours during the 5-years before submitting your application.

### Nursing Administration, Advanced:

- > Practice Hour Requirement: Must hold an administrative position or have provided consultative services or have been engaged in education and supervision of students at the nurse executive level for a minimum of 1,000 hours during the 5-years before submitting your application. If you do not meet these requirements, then you may renew using the Nursing Administration criteria.

### Nursing Professional Development:

- > For this specialty only, professional development Category 1 equals 37.5 contact hours. If you double this category, then submit 75 contact hours.
- > Professional Development Categories 3 (presentations) and 4 (publications/research) cannot be doubled.
- > Practice Hour Requirement: Completed 2,000 hours of practice in which your primary responsibilities included teaching, managing, or consulting in continuing education and/or staff development.

# Application Fees 2008-2009

## Certification Renewal Application Fees 2008-2009

<b>ANA Member</b>	All Certifications	\$200	Required attachment: A copy of your American Nurses Association membership card.
<b>Non-Member</b>	All Certifications	\$350	
<b>Reactivation Fee</b>	All Certifications	\$125	Add this fee if your certification has expired.

## Discount rates for members of specific collaborating organizations

To claim this discounted rate, you must have membership in an organization listed next to your certification.  
Required attachment: A copy of your membership card

Certification Name	Organization	Discount Rate for 2008-2009
Acute Care NP	American College of Nurse Practitioners	\$280
Adult Health CNS	National Association of Clinical Nurse Specialists	\$280
Adult NP	American College of Nurse Practitioners	\$280
Adult Psych & Mental Health CNS	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
	National Association of Clinical Nurse Specialists	\$280
Adult Psych & Mental Health NP	American College of Nurse Practitioners	\$280
	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
Ambulatory Care Nurse	American Academy of Ambulatory Care Nursing	\$280
Cardiac Vascular Nurse	American Association of Cardiovascular and Pulmonary Rehabilitation	\$280
	Preventive Cardiovascular Nurses Association	\$280
	Society for Vascular Nursing	\$280
Child/Adol Psych & Mental Health CNS	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
	National Association of Clinical Nurse Specialists	\$280
Diabetes Management, Advanced	American Association of Diabetes Educators	\$200
	American Diabetes Association	\$280
	American Dietetic Association	\$280
	American Pharmacists Association	\$280
Family NP	American College of Nurse Practitioners	\$280
Family Psych & Mental Health NP	American College of Nurse Practitioners	\$280
	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
Gerontological Nurse	National Gerontological Nursing Association	\$280

Continued on the next page.

# Application Fees 2008-2009 (cont.)

Gerontological NP	American College of Nurse Practitioners	\$280
	National Conference of Gerontological Nurse Practitioners	\$280
	National Gerontological Nursing Association	\$280
Gerontology CNS	National Association of Clinical Nurse Specialists	\$280
	National Gerontological Nursing Association	\$280
Pain Management	American Society for Pain Management Nursing	\$280
Pediatrics CNS	National Association of Clinical Nurse Specialists	\$280
	Society of Pediatric Nurses	\$280
Pediatric NP	American College of Nurse Practitioners	\$280
Pediatric Nurse	None available	
Psychiatric & Mental Health Nurse	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
Public/Community Health CNS	American Public Health Association-Public Health Nursing Section	\$280
	National Association of Clinical Nurse Specialists	\$280
Informatics Nurse	Alliance for Nursing Informatics	\$280
Medical-Surgical Nurse	None available	
Nursing Administration	None available	
Nursing Administration, Advanced	None available	
Nursing Case Management	None available	
Nursing Professional Development	National Nursing Staff Development Organization	\$280

These certifications exams are retired, but can be renewed if professional development and practice hour requirements have been met. Testing is not an option for these certification renewals. Collaborator organization discounts are listed below:

<b>Certification Name</b>	<b>Organization</b>	<b>Discount Rate for 2008-2009</b>
Cardiac Rehabilitation Nurse	American Association of Cardiovascular and Pulmonary Rehabilitation	\$280
Certified Vascular Nurse	None available	
College Health Nurse	American College Health Association	\$280
General Nursing Practice	None available	
High-Risk Perinatal Nurse	None available	
Home Health Nurse	None available	
Home Health Nursing CNS	National Association of Clinical Nurse Specialists	\$280
Maternal-Child Nurse	None available	
Perinatal Nurse	None available	
Public/Community Health Nurse	American Public Health Association-Public Health Nursing Section	\$280
School Nurse	None available	
School NP	American College of Nurse Practitioners	\$280

## General Information 1

Use your legal name on the application. This name will be printed on your certificate. If your name has changed, submit copies of the legal documents supporting the name change.

\_\_\_\_\_  
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

\_\_\_\_\_  
Name of certification being renewed:

### 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: _____              |

### Education (Check all that apply):

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Diploma                         | <input type="checkbox"/> Master's in Nursing     | <input type="checkbox"/> DNP          |
| <input type="checkbox"/> Associate Degree in Nursing     | <input type="checkbox"/> Master's in Other Field | <input type="checkbox"/> DNSc         |
| <input type="checkbox"/> Associate Degree in Other Field | <input type="checkbox"/> PhD in Nursing          | <input type="checkbox"/> ND           |
| <input type="checkbox"/> Baccalaureate in Nursing        | <input type="checkbox"/> PhD in Other Field      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Baccalaureate in Other Field    | <input type="checkbox"/> EdD                     |                                       |

## 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

## Renewal Type

- Option A:** Professional Development plus Practice Hours if you have a current certification and the required practice hours
- Option B:** Professional Development plus Testing if you have a current certification and you do not have the practice hours in your certification specialty
- Option C:** Professional Development plus Practice Hours if your certification has been expired for less than 2 years
- Option D:** Professional Development plus Testing if your certification has been expired for more than 2 years or you do not have practice hours in your certification specialty

### For Options B and D only:

Please check the current application for your certification at [www.nursecredentialing.org/cert/application.html](http://www.nursecredentialing.org/cert/application.html) to determine if your test is computer-based or paper & pencil.

- I will be taking a computer-based test
- I will be taking a paper & pencil test in:  May  October

Location (City, State): \_\_\_\_\_

Site Code: \_\_\_\_\_

(Look up at [www.nursecredentialing.org/cert/examsites.html](http://www.nursecredentialing.org/cert/examsites.html))

- Check here if you have a disability as defined by the Americans with Disabilities Act (ADA) and require a special accommodation. Please call 1.800.284.2378 for instructions or visit [www.nursecredentialing.org/cert.ADA.html](http://www.nursecredentialing.org/cert.ADA.html)

## Licensure Information

**Required attachment:** Attach a copy of license

Current License/Registration Number \_\_\_\_\_

State \_\_\_\_\_

Expiration Date (month/date/year) \_\_\_\_\_

## Statement of Understanding

I hereby apply for certification renewal 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 in the General Testing and Renewal Handbook 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 renewal 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 renewal, 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](http://www.nursecredentialing.org) and in the General Testing and Renewal Handbook. 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 renewal may be sufficient cause for ANCC to bar me from the examination, to invalidate the results of my examination, to withhold renewing my certification, to revoke the renewal of my certification, or to take other appropriate action.

I hereby attest that I meet the renewal requirements for this certification as stated in this brochure and the ANCC website. I understand that my application may be audited and I will be expected to produce upon demand any requested information related to certification renewal. If using renewal option B or D, I understand that my certification renewal is contingent on passing the examination.

*(Applications received without a signature incur a delay in processing which will cause a delay in the review of your renewal application.)*

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.

## Professional Development Record

**INSTRUCTIONS** - Use this form to document your professional development activities to renew your certification specialty. Keep copies of continuing education certificates and other documents for your records in case you are audited.

\_\_\_\_\_  
 Candidate's Name (Last, First, MI) Social Security Number

**Equivalencies:**      1 contact hour = 60 minutes                      1 contact hour = 0.1 CEU  
                                  1 CEU = 10 contact hours                                      1 academic semester hour = 15 contact hours  
                                  1 academic quarter hour = 12.5 contact hrs      1 CME = 60 minutes or 1 contact hour

**Category 1 Continuing Education Hours** > Complete 75 contact hours of continuing education credits, or 150 continuing education hours if you are doubling this category. List in-services, academic credits, CME credits, independent study that has been approved for continuing education and other continuing education related to the nursing specialty. At least 50% of the continuing education hours must be from an educational program in which the continuing education hours are provided by an ANCC recognized or accredited organization. At least 51% of your continuing education must be related to your certification specialty.

**Adult and Family Nurse Practitioners must complete 75 hours of continuing education plus one additional professional development category. If you elect to double category one, then submit 150 contact hours.**

If course titles do not clearly reflect the course's relevance to your practice, include a brief description of how the course impacts your practice.

Title and brief description of content if title is generic	Date	Name of Sponsor, Provider, or Institution	ANCC Recognized Yes or No <i>meets 50% criteria</i>	Within your Speciality Focus Yes or No <i>meets 51% criteria</i>	Contact Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Total:** \_\_\_\_\_

**Category 2 Academic Credits** > Complete either 5 semester hours or 6 quarter hours of academic courses in your certification specialty. If you double this category, then submit 10 semester hours or 12 quarter hours.

Subject/Title	Date	Name of Sponsor, Provider, or Institution	Within your Speciality Focus Yes or No	Academic Hours

**Category 3 Presentations** > Present 5 different lectures related to your certification specialty. If you double this category, you must present 10 lectures. You may not use lectures that are required by your job.

Subject/Title <i>(Must be in your speciality area)</i>	Date	Name of Sponsor, Provider, or Institution	Audience

**Category 4 Publication or Research** > List one article published in a peer reviewed journal in which you are the primary author or list one completed IRB-approved research project in which you are the principle investigator. List two articles to double this category.

Subject/Title	Date	Name of Sponsor, Provider, or Institution

**Category 5 Preceptorship** > Complete a minimum of 120 hours of direct clinical supervision to nursing students in your certification specialty. CNSs and NPs must precept advanced practiced nurses (CNS or NP) to fulfill this category.

**Instructions:** List preceptorships below. Complete the Preceptor Validation Form (or include a signed letter from a faculty liaison that addresses everything on preceptorship form). Keep a copy of the Preceptorship Validation Form with a copy of your application for audit purposes.

School Sponsoring the Preceptorship	Type of Student (CNS, NP, Undergraduate Nursing)	Dates of Preceptorship	Hours Completed
Total			

## Certification Renewal Category 5: Preceptorship Documentation

### INSTRUCTIONS

**Category 5 Preceptorship:** Complete a minimum of 120 hours of direct clinical supervision to nursing students in your certification specialty. CNSs and NPs must precept advanced practiced nurses (CNS or NP) to fulfill this category.

**Section 1 Candidate Information:** (Completed by the candidate)

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Social Security Number	Last Name	First Name	MI
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Certification Speciality

**Section 2:** (Completed by faculty coordinating the preceptorship)

1. The individual named above has completed \_\_\_\_\_ hours of preceptorship for

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Name of the educational institution and program (e.g. University of xxx, School of Nursing)

2. The dates for the preceptorship were \_\_\_\_\_ to \_\_\_\_\_

3. This preceptorship was conducted with students in a

- Clinical Nurse Specialist program       Undergraduate nursing program  
 Nurse Practitioner program       Baccalaureate nursing program  
 Other graduate nursing programs (specify) \_\_\_\_\_

4. The specialty area or focus of this preceptorship was \_\_\_\_\_

5. The preceptorship was held in \_\_\_\_\_  
Name of the hospital/institution/facility

---

Faculty coordinator name, credentials, and title (Please print)

---

Educational institution

---

Program name

---

Institution address

---

Telephone number

---

Faculty Signature

Date

My signature on this form attests to the fact that the information provided on this form is accurate.

Before signing, please ensure that the entire form has been completed.

**Note:** Please return this form to the candidate to include with his/her certification renewal application.

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

## 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

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian/Pacific Islander        | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black/African-American        | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Hispanic                      |  |

# Certified Nurse E-Store

Celebrate your accomplishment with pins, plaques, and other recognition items.



ANCC now offers beautifully custom-matted frames that coordinate with the new certificate you are about to receive.

Specialty pins are now available through the e-store for most certifications.

Perpetual plaques are now available to recognize all the ANCC-certified nurses in your workplace.

Business card cases, stuffed animals, pens, and other fun items are also available to show your pride!



[www.nursecredentialing.org/cert/estore](http://www.nursecredentialing.org/cert/estore) >>

# 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](http://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](http://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](http://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](http://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](http://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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