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## Practice Transition Accreditation Program™ Appraiser Application Form

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Name and credential

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Home address (may be unable to mail to P.O. boxes)

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City

State

Zip

Country

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Organization name

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Business address

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City

State

Zip

Country

**Preferred mailing address**  Home  Business

(for all mailings, including PTAP applicant's written documentation on USB drive):

Appraisers are expected to be readily available through email and voicemail contact. Please provide your contact information below.

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Telephone (home)

Email (home)

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Telephone (office)

Email (office)

**Preferred default email address**  Home  Business

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Cell phone

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Fax (home)

Fax (office)

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Present position title

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Present position description

Do you work for an accredited organization (ANCC, TJC, CCNE, etc.), and/or do you serve as a volunteer with an accredited program?  Yes  No

If yes, provide the name of the organization/practice setting where the program is operated:

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***Must be a licensed registered nurse with a graduate degree OR graduate degree in relevant field. Either the baccalaureate or the graduate degree must be in nursing.***

### PROFESSIONAL FORMAL EDUCATION

**1** Degree \_\_\_\_\_ Year awarded \_\_\_\_\_  
Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Major \_\_\_\_\_

**2** Degree \_\_\_\_\_ Year awarded \_\_\_\_\_  
Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Major \_\_\_\_\_

**3** Degree \_\_\_\_\_ Year awarded \_\_\_\_\_  
Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Major \_\_\_\_\_

Please list the state where you hold a current unencumbered license to practice as a registered nurse: \_\_\_\_\_

Do you hold any nursing certification(s)?  Yes  No

If yes, please specify: \_\_\_\_\_

Please check all those settings listed below in which you have been involved in a practice transition program:

- Hospital acute care       Home care/hospice       Outpatient settings
- Community health       Long-term care       School of nursing
- Other settings: \_\_\_\_\_

Please describe your activities related to practice transition:

## APPRAISER KNOWLEDGE, SKILLS, AND ABILITIES

It is essential that appraisers possess some or all of the following skills. Please check the box that best describes your professional expertise.

### Which of the following best describes your experience in program evaluation?

- I have developed and critiqued other academic, service, state, or federal regulatory standards (for example, JCAHO, CCNE, NLNAC, HIPAA, and/or board of nursing).
- I have served as an accreditation appraiser, Magnet™ appraiser, JCAHO appraiser, academic appraiser, CCNE site visitor, or on a state board of nursing or other regulatory body.
- I have served on the Commission on Accreditation (COA) or the ANCC Accreditation Review Committee (ARC). Please check which one(s):  COA  ARC
- I have served on a survey preparation team for either an academic or a regulatory site visit.
- I have some work experience in the interpretation and application of standards.
- I have little experience in the interpretation of standards.

### Which of the following best describes your experience with on-the-job project management?

- I have led teams to achieve challenging project goals such as e-learning projects, webcasts, developing and utilizing learning systems, developing and utilizing record-keeping systems for continuing nursing education, accreditation teams, etc.
- I have been an active member of teams that utilized high-level communication, prioritization, and critical thinking skills to accomplish complex tasks or meet complex goals. Please describe:
  
- I have experience in utilizing computer skills such as word processing, email, and email attachments to implement project management. Please describe:
  
- I have little experience in project management.

### Which of the following best describes your experience with information management?

- I have experience in analyzing data and writing reports.
- I have little experience with information management.

### Which of the following best describes your experience in the field of professional development and adult education?

- I have experience analyzing continuing nursing education activities and further developing them to meet current and future trends.
- I have some experience with evaluating education activities in relation to desired outcomes.

**Communication skills** Since the accreditation appraisal process is a team-based process and communication is essential, in six or fewer lines please provide a brief description of your experience with team communication and why you are an effective team member in regard to communication.

**Team skills** Since the accreditation appraisal process is a team-based process, in six or fewer lines please provide a brief description of your experience on teams and why you are an effective team member.

If you have experience serving as a team leader, describe your experience in six or fewer lines.

**Use this space to briefly describe why you think you would be an asset to the ANCC Accreditation Program as an appraiser.**

**Are you a member of ANA or an ANA state nurses association/constituent member association?**

Yes  No

If yes, please list:

If appointed, I agree to participate in web-based training sessions and to serve as an ANCC accreditation appraiser.

The information provided above is accurate to the best of my knowledge. I understand that any knowing submission of incorrect information will result in my immediate termination as an ANCC accreditation appraiser.

**Applicant signature**

An "X" in the box below serves as the *electronic signature* of the applicant completing this application.

Electronic signature (required)

\_\_\_\_\_  
Completed by (name and credentials)

\_\_\_\_\_  
Date

**An application portfolio includes the following:**

- Letter of support from a representative who can speak to your expertise related to practice transition programs.
- Completed application form
- Curriculum vitae

\_\_\_\_\_  
Name of reference

\_\_\_\_\_  
Reference's email

**All items must be submitted electronically to [sheryl.cosme@ana.org](mailto:sheryl.cosme@ana.org).**